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ABSTRACT

One of nine competency-based training modules for personnel preparation in early childhood special education, this guide focuses on family collaboration. All modules are adaptable for use with a general audience, direct service personnel, or administrators and are based on the following principles of the Ohio Department of Education's Division of Early Childhood Education: developmentally appropriate practice; integration of children with disabilities with typically developing peers; collaborative relationships with families; attention to individual needs; and provision for and valuing of diversity among young children and their families. Modules are intended to be used in whole or in part, in groups or for self-instruction. Each module comprises goals; competencies (knowledge, skill, and values and attitudes); and objectives, with a matrix for each objective identifying enabling activities, resources, and leader notes. Relevant handouts, forms, and readings are provided for each objective. This module has five themes: (1) understanding and developing a working relationship between parents and professionals; (2) understanding family dynamics and building on family strengths; (3) enabling families to provide a supportive learning environment; (4) providing collaborative planning to assist families making program choices; and (5) linking families to appropriate related services. (Contains approximately 50 references.) (DB)

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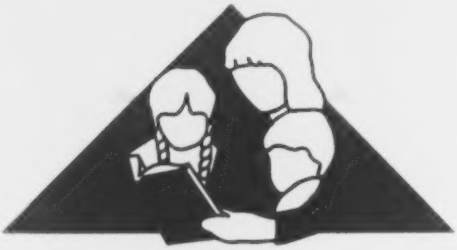
Modules for Competency-Based Personnel Preparation in Early Childhood Education

Family Collaboration



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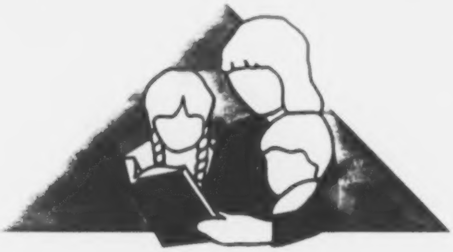

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PROJECT PREPARE

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These modules were developed through a grant funded by
The Ohio Department of Education, Division of Early Childhood Education
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Dear Educators:

There is, perhaps, no more important issue to address in the field of early childhood education than the professional development of those individuals who work in this field. The results of numerous studies that have been conducted to assess the quality of programs currently available to our nation's young children and their families suggest that the training and quality of staff are critical determinants to quality programming.

In the area of early childhood special education, professional training needs are also recognized as paramount. The number of preschool programs for children with disabilities has grown rapidly in Ohio, thus creating a dramatic increase in the number of trained professionals needed to meet the resulting human resource demands. The training needs of this cadre of teachers, as well as other service personnel who face this challenge, is the focus of *Project Prepare.*

This series of nine competency-based training modules is the result of a commitment on the part of many individuals in the State of Ohio to quality services for young children. Their dedicated efforts are to be commended. *Project Prepare* reflects widely accepted principles of sound early childhood theory and practice; reflecting what we know about the development of all young children, and what we know about the development of young children who have special needs. We hope that these materials assist you in your efforts to provide quality early childhood education programs for all of Ohio's young children.

Sincerely,

Irene Bandy-Hedden

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The modules in this set were developed as a result of a commitment on the part of many professionals in the State of Ohio; a commitment to quality services for young children with special needs as well as those who are typically developing. A need was established for compentency-based early childhood personnel training that reflects a commitment to: (1) the integration of children with disabilities and those who are typically developing; (2) developmentally appropriate practice; (3) providing services that value and are sensitive to all diversity in a multicultural, pluralistic society; and (4) effective collaboration between parents and professionals.

The immediate need for a large cadre of well-prepared personnel sensitive to the needs of young children with disabilities was recognized by leadership in the Ohio Department of Education. With the establishment of the Division of Early Childhood Education, a forceful position was taken on behalf of all young children. Funding was then made available to the Cuyahoga Special Education Service Center for research and development in personnel preparation.

We gratefully acknowledge Dr. Irene Bandy-Hedden, Assistant Superintendent of the Ohio Department of Education and Dr. Jane Wiechel, Director of the Division of Early Childhood Education for the role they each played in creating the atmosphere and the arena in which Project Prepare was conceived and implemented. The contribution of Dr. Karen Sanders has been invaluable. Her support, guidance, and attention to detail has strengthened us and enabled us to ensure quality and consistency to the final products of Project Prepare.

We wish to thank the members of the Steering Committee and the Consistency Task Force. Their feedback and endless hours of review supplied input to the process of refining the modules. The professionals on the Reaction Panel contributed insightful feedback during the early stages of module development that enhanced the content and format of the modules. The technical staff, whose dependable assistance was a critical component of our working team provided the day-to-day nitty gritty backup assistance necessary to a quality finished product. Most of all, we would like to thank each member of the Module Development Teams who conceived, delivered, nurtured, and raised the "child" whose name is Project Prepare. We offer this fully functioning child up for adoption to the Special Education Regional Resource Service Centers, without whose membership and continued abiding interest in total quality staff development, Project Prepare would not have been possible.

To all those who provided wisdom in this endeavor, gave an extra hand when it was needed, shared in our frustrations, and laughed with us in our moments of joy, we extend our deepest thanks and gratitude.

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PROJECT PREPARE GENERAL INTRODUCTION

This module is one of nine competency-based personnel preparation modules designed to prepare professionals to employ best practices to meet the special needs of young children with disabilities. Each module was developed by an outstanding team as part of a statewide collaborative effort called Project Prepare. Project Prepare was funded by the Ohio Department of Education, Division of Early Childhood Education in concert with the network of Special Education Regional Resource Centers.

Each module targets a facet of best practice found to be critical in implementing a free appropriate public education specifically for three- to five-year-old children with disabilities. While this is the age focus of Project Prepare the modules are applicable for serving all young children. The module topics are:

Assessment,

Family Collaboration,

Individualized Education Program (IEP),

Preschool Integration,

Managing Behavior,

Planning,

Play,

Technology,

Transition.

This list of carefully selected topics does not exhaust all aspects of knowledge, skills, attitudes, and values that are important, even essential, in meeting the challenge posed in implementing the amendments, contained in P.L. 99-457, of the Individual with Disabilities Education Act (I.D.E.A.). However, each module does represent a "competency cluster," rather than a single competency, addressing several general objectives, each of which is broken down into specific knowledge, skill, and value/attitude objectives.

The teams were asked to monitor their own work on the basis of carefully determined criteria, which were then used throughout a multi-stage process of review. Several factors were scrutinized in order to keep the content philosophically consistent within each and across all modules. These premises are in harmony with the philosophical position of the Ohio Department of Education, Division of Early Childhood Education which in turn reflects best practices in the field of Early Childhood Special Education. The issues are summarized as follows:

Developmentally Appropriate Practice in accord with principles set forth by the National Association for the Education of Young Children (NAEYC).

Integration of children with disabilities in programs with their typically developing peers.

Collaborative relationships with families.

Attention to the special needs of each child with recognition of the child's abilities, as well as disabilities.

Provision for and valuing of all diversity among young children and their families (e.g., ability, cultural, racial, religious, gender, etc.).

A second criteria the module development teams were asked to consider in monitoring their work was adaptability. Adaptability was defined in three ways. First, each module needed to be adaptable in a demographic sense, that is, responsive to needs in diverse geographic settings (rural, urban, suburban) with diverse populations. Second, each module was designed for potential use with three different groups of participants:

> **General** (e.g., parents, community groups);
>
> **Staff** (direct service personnel, such as teachers and therapists);
>
> **Administrators** (persons in leadership roles, such as building principals and program directors).

Some of each module's content may be applicable to all three potential "audiences" however, in many instances differentiation of content is appropriate, based on the anticipated needs of participants. Thus, while the same goals are indicated for the three groups of participants, these goals are translated in knowledge, skills, and value/attitude objectives appropriate to each group. Differentiation of objectives by audience and by type is shown in the following matrix taken from one of the modules.

GOALS

KNOW THE LEGAL AND ETHICAL BASIS FOR PRESCHOOL INTEGRATION

	GENERAL OBJECTIVE	STAFF OBJECTIVE	ADMINISTRATOR OBJECTIVE
COMPETENCY COMPONENT	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.
KNOWLEDGE	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs and the ethical issues related to this inclusion.
SKILL	Participants will explain from an ethical perspective, why children with disabilities should participate in typical preschool programs.	Participants will list "supplemental services" which might be necessary to enhance the participation of children with disabilities in typical programs.	Participants will synthesize legal requirements and ethical considerations related to inclusion by predicting the outcome of cases for specific children.
VALUE/ATTITUDE	Participants will list potential benefits of inclusion for children, families, and teachers.	Participants will give personal opinions of potential benefits of including children with disabilities in typical programs and means to make this inclusion possible.	Participants will generalize a philosophy statement to guide a school system in the direction of inclusion.

The third form of adaptability is implied by the term module itself. Each module is intended to have an "accordion-like" quality so that, while each is a complete "package" entailing about five hours of instruction, sections can be selected, at the discretion of the group leader, depending upon: (1) needs of the participants, and (2) time availability. The module is also adaptable in the sense that it can be used for individual self-instruction as well as group instruction by a leader.

Other criteria employed in developing and refining the modules were:

- The **goals** for the module are clear to the leader and to the participants.
- Each **activity** is congruent with the objective with which it is associated.
- The module is, insofar as possible, **self-contained and self-sufficient** — that is, all needed materials are provided or readily available.
- **Terms** are appropriately used and clearly defined.
- The module is designed to hold the **interest and motivation** of those using it.

For each objective, a matrix identifies enabling activities, resources for use in conducting these activities, and leader notes (suggestions, possible supplemental materials, etc.). The following example of a matrix from one module is representative of this plan of organization and illustrates how resources and notes are linked to activities.

LEVEL: STAFF

GOAL: Comprehend the significance of play in the development of young children.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand (recognize) the relationship between play and the developing child.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
10. Discuss stages of play that children experience as viewed by several theorists. – Mildred Parten – Piaget – Sara Smilansky – Others	10. Use Handouts *Mildred Parten's Developmental Stages of Social Play* *Piaget's Theory of Play* *Sara Smilansky* *Others*	10. Read Chapter 11, *Teaching Infants and Preschoolers with Handicaps* by Bailey and Wolery. Read *Special Needs: Play and Learning*. Also read *Play As A Medium for Learning & Development. A Handbook of Theory and Practice* by Bergen.
11. Review *Four Trends Pertinent to Play.*	11. Use Transparency *Four Trends*	11. Read and study leader notes, *Four Trends Pertinent to Play.*
12. Review stages of cognitive play.	12. Use Handout *Stages of Cognitive Play*	12. Cognitive play is used here as one example. If time permits, other domains could be discussed.
13. Review the way play can contribute to the preschool child's overall development.	13. Use Transparencies *As Adults* *All people ...*	13. Read Chapter 11, *Teaching Infants and Preschoolers with Handicaps* by Bailey and Wolery. Read Section 2 in *Play As A Medium for Learning and Development* by Bergen.

Enabling Activities — This column lists the recommended activities that will lead to the accomplishments of the objectives.

Resources — The materials listed in this column are those needed to complete the recommended activities

Leader Notes — Special recommendations to the in-service leader on conducting the suggested activities are provided in this column.

MULTI-STAGE PROCESS OF DEVELOPMENT AND REVIEW

Having identified their respective topics, the teams developed their modules during the 1990-91 school year, sharing progress reports at a series of planning meetings. This stage culminated in more formal presentations of the "work-in-progress" to members of all module development teams. Project Prepare staff, and a Reactor Panel. Comments and suggestions elicited through this process were incorporated in feedback meetings of the Reactor Panel with each team.

Throughout the 1991-92 school year, a two-stage field test procedure was implemented. First, each team presented a five-hour training session of their module at a primary training site. Evaluation data obtained from these sessions included feedback from the leaders, the participants, and also an invitational group of observers. Observers included steering committee members, members of other teams, and project coordinating staff. Participants in each primary training session were given the opportunity to participate in secondary training, that is, to conduct a five-hour training session using any of the nine modules, providing similar evaluation data. A total of 18 secondary training sessions were held. The results of the primary and secondary training yielded data used in considering modifications.

Overall, both participants and leaders who supplied feedback on the field test sessions were very positive about the training and materials. A total of 484 surveys were completed by in-service participants. Those who responded represented individuals from diversely populated areas: rural (37%), urban (16%), urban and suburban (14%), rural, urban and suburban (14%), suburban (8%), and rural and urban (7%). Almost all (98%) felt that the activities presented at their sessions related to the in-service topic. A similar response was found for consistency with philosophical premises. Most believed that the in-service training was consistent with developmentally appropriate practice (98%), exceptionality appropriate practice (90%), integration (91%), and family and professional collaboration (93%). The majority of those who did not respond positively to these items on consistancy "did not know" whether or not there was consistency.

The greatest amount of disagreement was found on the item which asked whether the training was sensitive to multicultural issues. Seventy two percent of those responding indicated "yes," while 16% said "no" and 16% "did not know." As a result of this feedback the issue of sensitivity to diversity was strengthened in the materials during the final revision.

Additional positive feedback from participants showed that 93% felt that activities were appropriate for the audience, 96% believed the interest level was acceptable or terrific and 95% would recommend the training to others. No significant differences were found among responses from different types of audience participants (i.e., teachers, psychologists, parents, etc.) or among groups from varied populations (i.e., urban, rural, suburban, etc.).

The feedback provided by the 21 in-service leaders who completed response surveys was quite similar to that shared by the participants. Most (91%) felt that the materials allowed them to meet their objectives and that activities related to the goals stated in the modules. Almost all believed that the materials were consistent with developmentally appropriate practice (95%), exceptionality appropriate practice (95%), integration (94%), and family and professional collaboration (95%). Sixty three percent of the leaders responding believed that the materials were also sensitive to multicultural issues, while 31% "did not know," and 5% felt that they did not adequately address this premise. As stated above, this information was used to identify and make needed revisions.

In addition, most leaders (88%) found the activities to be appropriate for all audience participants and that materials were designed to accommodate various audiences (91%). All (100%) found the interest level to be acceptable or terrific. Seventy five percent of the leaders noted that all required materials were provided and 95% believed that module materials could be used for in-service training sessions that varied in length (i.e., amount of time).

In regard to the use of the modules by leaders, most found them easy to use (95%), well organized (84%), to have clear directions (94%), and to have clear (100%), and complete (89%) leader notes. Minor revisions were made following the field test to increase these charateristics in the set.

Strong support by the leaders for the competency-based modules was found in the fact that all (100%) reported that they would use the same module again and many (89%) said that they would use other modules in the set. Finally, all leaders (100%) indicated that they would recommend the modules to other professionals who conduct in-service training.

Each module development team having made every effort to insure that their product satisfied each of the basic criteria, then used the feedback to refine and modify their final product. During the entire process each module was subjected to conscientious and detailed peer review. Directives ranged from minor editorial changes to significant and substantive additions, deletions, and reworkings. Team cooperation and genuine enthusiasm was evident throughout the entire process, as was their creativity, resourcefulness, thoroughness, and skill. Their efforts combined with the expertise and conscientious work of the Project's Steering Committee, cross-module review teams, the Reactor Panel, internal and external expert reviewers, and the Project Consistency/Finalization Task Force made for a truly collaborative project and a total quality product.

Module Introduction

Family Collaboration

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MODULE ABSTRACT

Family Collaboration, which is the focus of this module, has established five themes: (1) understand/develop a working relationship between parents and professionals; (2) understand the strengths and needs of families and the importance of building these strengths; (3) enable families to provide a home environment that supports learning in young children; (4) respect the cultural diversity of families and providing collaborative planning so families can make the right choice of integrated programs and resources; and (5) link and empower families to access appropriate related services.

Family Collaboration is a family-centered approach which supports the premise that professionals are there to assist families in a way that increases the families' ability to utilize resources. The professional serves as a resource person who not only believes that families have the right to determine the course of their development, but also acknowledges family strengths and builds on them.

GOALS

The goals for this module are as follows:

1. Understand/develop working relationships between parents and professionals.
2. Understand family dynamics.
3. Be able to facilitate family establishment of a home environment that supports learning in young children.
4. Identify available programs and resources that support the needs of children and families.
5. Be aware of available related services that support the needs of children and families.

GOAL #1 Understand/develop working relationships between parents and professionals.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Understand/develop a working relationship with parents.	Understand/develop a working relationship with parents.	Understand needs relating to facilitation of partnerships.
Knowledge Objectives	Participants will have knowledge of intra/interpersonal skills.	Participants will have knowledge of intra/interpersonal skills.	Participants will review the concept of intra/interpersonal skills.
Skill Objectives	Participants will utilize effective communication skills.	Participants will utilize effective communication skills.	Participants will facilitate the development of cooperative partnership between parent, child, and supportive services.
Attitude Objectives	Participants will appreciate the uniqueness of cooperative partnerships.	Participants will appreciate the uniqueness of cooperative partnerships.	Participants will value the facilitation of positive/cooperative relationships.

GOAL #2 Understand family dynamics.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Understand family dynamics.	Understand family dynamics.	Understand family dynamics.
Knowledge Objectives	Participants will understand the role of relationships within families.	Participants will understand the role of relationships within families.	Participants will understand the role of relationships within families.
Skill Objectives	Participants will understand the different family roles and their influences.	Participants will understand the different family roles and their influences.	Participants will understand the different family roles and their influences.
Attitude Objectives	Participants will respect the difference in various family structures.	Participants will respect the difference in various family structures.	Participants will respect the difference in various family structures.

GOAL #3 Be able to facilitate family establishment of a home environment that supports learning in young children.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Know how to enable families in establishing a home environment to support learning.	Know how to enable families in establishing a home environment to support learning.	Know how to enable families in establishing a home environment to support learning.
Knowledge Objectives	Participants will understand how the preschool child learns developmentally primarily through play.	Participants will understand the benefits of home visits and the barriers they may face.	Participants will understand how the preschool child learns developmentally primarily through play.
Skill Objectives	Participants will apply appropriate developmental milestones to plan appropriate materials and activities to support learning at home, and will also adapt activities and materials for young children with disabilites.	Participants will be able to problem solve issues they may be confronted with when visiting the homes of students.	Participants will identify their strengths and areas of concern in communicating with parents.
Attitude Objectives	Participants will respect the value of play in learning and appreciate how words can build a positive home environment.	Participants will respect the value of play in learning and appreciate how words can build a positive home environment.	Participants will respect the value of preschool programs based on research findings.

GOAL #4 Identify available programs and resources that support the needs of children and families.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Be aware of available programs and resources supporting the needs of children and families.	Identify available programs and resources supporting the needs of children and families.	Be aware of available programs and resources supporting the needs of children and families.
Knowledge Objectives	Participants will know how to access available resources and programs supporting the needs of children and families.	Participants will know how to access available resources and programs supporting the needs of children and families.	Participants will know how to access available resources and programs supporting the needs of children and families.
Skill Objectives	Participants will be able to identify available programs and resources.	Participants will develop a system for linking families with available program and resources.	Participants will promote a support system to families and staff which provides linkage to available programs and resources.
Attitude Objectives	Participants will appreciate the importance of a "family-centered" approach to access programs and resources.	Participants will respect and support families in their choices of programs and resources.	Participants will appreciate the importance of empowering families to take the responsibility of accessing programs and resources.

GOAL #5 Be aware of available related services that support the needs of children and families.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Be aware of available related services that support the needs of children and families.	Be aware of available related services that support the needs of children and families.	Be aware of available related services that support the needs of children and families.
Knowledge Objectives	Participants will be able to identify/access related services supporting the needs of children and families.	Participants will know how to identify/access related services supporting the needs of children and families.	Participants will be able to identify/access related services supporting the needs of children and families.
Skill Objectives	Participants will develop an understanding of how to link families with appropriate related services.	Participants will be able to link families with appropriate related services.	Participants will be able to provide a support system to families and staff which provide linkage to related services.
Attitude Objectives	Participants will value the importance of empowering families to take on the responsibility of accessing related services.	Participants will empower families to take on the responsibility of accessing related services.	Participants will value the importance of empowering families and staff to take on the responsibility of accessing related services.

GLOSSARY

Adapt: Changing or modifying the time (schedule), space, materials, or expectations of the environment to better meet the needs of an individual child or class.

Adaptive behavior: Addresses self-help, independent functioning, and personal and social responsibility as is appropriate for a same-age peer and according to one's cultural group.

Adaptive computer access: Use of an alternative input device for the computer which gives the student with disabilities an alternate means of access when the regular keyboard may not be appropriate. These include expanded keyboards, switches, touch windows, joysticks, and voice input.

Adaptive firmware card: A special card placed inside the Apple computer which allows transparent access to commercial software by any one of 16 input methods, including scanning, Morse code, expanded keyboards, and adaptive keys.

Adaptive keyboard: An alternative keyboard usually attached to the computer with an adaptive firmware card. Adaptive keyboards are generally programmable and allow the student to send information to the computer in the most efficient form based on individual needs.

Age appropriate: Experiences and/or a learning environment that support predictable growth and development in the physical, social, emotional, and cognitive domains that are typical for children at specific chronological ages.

Anecodotal records: A brief account of a situation that provides a factual description of an incident, behavior, or event.

ANSI: American National Standards Institutes: Institute which adopted a standard for the threshold of normal hearing.

Anti-bias curriculum: Developmentally appropriate materials and equipment which project an active/activist approach to challenging prejudice, sterotyping, bias, and "isms."

Appropriate environment: Surroundings that are suited to both the age and the individuality of all children present.

Appropriate practice: Techniques or a style used with young children that is age and individually appropriate.

Assertive: To maintain or defend rights without being hostile or passive.

Assessment: The collection of information through different types of procedures such as criterion-referenced tools, norm-referenced tools, observation, interviews, and anecdotal records.

Assistive device: Any specific aid, tool, or piece of equipment used to assist a student with a disability.

Associative play: A type of play in which a child plays with others in a group and subordinates his/her individual interest to the interests of the group.

At-risk: Students that have a greater chance of experiencing difficulties developmentally or at school due to social, economic, environmental, or biological factors.

Augmentative and alternative communication (AAC): An integrated group of symbols, aids, strategies, and techniques used by a student to enhance communication abilities. The system serves to supplement the student's gestural, spoken and/or written communication abilities. AAC strategies include the full range of approaches from "low tech" concrete and symbolic ones to "high tech" electronic voice out-put systems.

Battery device adaptor: Adaptation which allows a battery-operated device to be activated by a switch.

Boot: The process of turning the computer on and loading a program into memory.

Byte: The area of storage needed for storing a single character of the alphabet in memory. One thousand twenty four bytes are equivalent to one K of memory. One byte is made up of eight on/off electronic impulses called "bits." Knowing how much memory is available on your computer will ensure appropriate planning for software selection.

Categorical orientation: A philosophical approach to assessment designed to yield a diagnostic label; labeling a child according to some presumably underlying condition (e.g., learning disability, mental retardation, or behavior disorder).

Center-based services: Educational services that are provided at a central location, typically through a classroom type format.

Character: Refers to any letter, number, punctuation mark, or space used to represent information on the computer.

Child-initiated activity: An activity selected by a child with little or no intervention by another child or adult.

Close-ended materials: Materials that have one or two ways in which children can play with them and which offer few opportunities for creativity and experimentation.

Cognition: Application of intellect as opposed to feelings/affect in mental processes.

Collaboration: Interaction between people to solve a problem; working and sharing together for a common goal.

Collaborative: A group of agencies and parents working together to ensure quality services for young children with disabilities.

Communication skills: Receptive and expressive language, facial expressions, body language, gestures, etc. that allow a child to respond across settings.

Computer: It is the processing unit, memory, and power supply source of the computer system. Attached to the computer are the monitor, the input device (e.g., keyboard), and the disk drive. [Also called the central processing unit (C.P.U.).]

Computer assisted instruction (CAI): Refers to all instruction which is conducted or augmented by a computer. CAI software can target the full range of early childhood curricular goals, with formats that include simple exploration, educational games, practice, and problems solving.

Computer switch interface: Device which allows single switch access to a computer.

Constructive play: Play in which a child purposefully manipulates materials in order to build structures and produce novel or conventional creations.

Control unit: The unit that enables electrical devices to be activated by a switch.

Cooperative play: Play in which a child plays with other children in activities organized to achieve a common goal, may include interactive dramatic play or formal games.

Co-playing: Occurs when an adult joins in an ongoing play episode but lets the children control the course of the play.

Criterion-referenced tests: Evaluation tools which are specifically constructed to evaluate a person's performance level in relation to some standard.

Curriculum-based assessment: An assessment of a child's abilities or behaviors in the context of a predetermined sequence of curriculum objectives.

Cursor: The small blinking symbol on the monitor which indicates that the computer is waiting to receive information.

Dedicated device: A device containing a computer processor dedicated strictly to processing and producing voice output.

Developmental: Having to do with the typical steps or stages in growth and development before the age of 18.

Developmentally appropriate: The extent to which knowledge of child development is applied in program practices through a concrete, play oriented approach to early childhood education. It includes the concepts of age and individual appropriateness.

Developmentally appropriate curriculum: A curriculum planned to be appropriate for the age span of the children within the group and is implemented with attention to individual and differing needs, interests, and skills of the children.

Developmentally appropriate practice (DAP): Curriculum which is appropriate to the age and individual needs of children.

Differentiated referral: Procedures for planning, implementing, and evaluating interventions which are conducted prior to referral for multifactored evaluation.

Digitized speech: Speech that is produced from prerecorded speech samples. While digitized speech tends to be more intelligible and of higher quality than synthesized speech other factors such as the speaker system play into the overall effect.

Direct selection: A selection which is made on a computer through either a direct key press or use of a light to directly point to the desired key.

Discrepancy analysis: A systematic assessment process in which skills required for a task are identified and compared to a child's current skills to determine the skills that need to be taught or for which adaptations need to be made.

Disk: The item used to store computer programs. [Also known as a diskette or floppy disk.]

Disk drive: Component of computer system which reads program information stored on disk.

Documented deficit: Area of development or functioning for a child that has been determined to be delayed based on data obtained through structured interview, structured observation, norm-referenced and criterion-referenced/curriculum-based assessments.

Domain-referenced tests: Evaluation instruments which emphasize the person's performance concerning a well-defined level or body of knowledge.

Dramatic play: Play in which a child uses objects in a pretend or representational manner. [Also called symbolic play.]

Eligibility: Determination of whether a child meets the criteria to receive special education services.

Evaluation: A comprehensive term which includes screening, assessment, and monitoring activities.

Event Sampling: A type of systematic observation and recording of behaviors along with the conditions that preceded and followed them.

Expanded keyboard: Larger adapted keyboards that replace the standard keyboard for a child whose motor control does not allow an efficient use of a regular keyboard. With the use of special interfaces, the size and definition of the keys can be alterd based on the needs of the child.

Expectations: The level of behavior, skill, and participation expected within the classroom environment.

Exploratory play: Play in which a child learns about herself and her world through sensory motor awareness and involvement in action, movement, color, texture, and sound. Child explores objects and the environment to find out what they are about.

Family: Parents and their children; a group of persons connected by blood or marriage; a group of persons forming a household.

Fixed vocabulary: Vocabulary that has been pre-programmed by the manufacturer within a communication device. In some cases it can be altered. In other cases, revisions must be submitted to the manufacturer for re-programming.

Formative evaluation: The collection of evaluation data for the purpose of supporting decisions about the initial and ongoing development of a program.

Functional approach: A philosophical orientation to assessment and curriculum which seeks to define a child's proficiency in critical skills necessary for the child to be successful at home, at school, in the community, etc.

Functional play: Play in which a child repeats simple muscular movements or utterances. The repetitive action provides practice and allows for exploration.

Funding advocate: Individual who assumes critical role of developing a funding strategy, pursuing appropriate sources and patiently advocating on behalf of the child until funds are procured.

Funding strategy: A methodical play developed by the funding advocate for procuring funding which is based on a determination of unique individual needs and an understanding of the resources and requirements of appropriate systems.

Generalization: The integration of newly-acquired information and the application of it to new situations.

Graphics: Pictures and other visual information generated by the computer.

Grief: Reaction to loss; feelings parents may experience when confronted with information about their child's disability.

Hardware: Refers to all electronic and mechanical components making up the computer system, including the computer, monitor, disk drive, printer, and peripherals.

I.D.E.A.: Individuals with Disabilities Education Act.

Identification: The process of locating and identifying children who are eligible for special education services.

Imaginative play: Play in which a child uses toys or objects for imitation, role-playing, and pretending.

Incidental learning: Information learned in the course of play and other informal activities without the need for any specific teaching.

Individual appropriateness: Experiences that match each child's unique pattern of growth, personality, learning style, and family/cultural background.

Individual Family Service Plan (IFSP): A written plan for an infant or toddler developed jointly by the family and appropriate qualified personnel.

Individualized Education Program (IEP): A written education plan for a preschool or school-aged child with disabilities between the ages of three and 21 which is developed by a professional team and the child's parents.

Informal tests: Measures that are not standardized and are developed to assess children's learning in a particular area.

Initialize: A necessary process for preparing a computer disk to store information for the first time. Any information on the disk will be erased when the disk is initialized.

Input device: Any component or peripheral device which enables the child to input information to the computer. While the keyboard is the most common, other input devices include switches, adapative keyboads, joysticks, power pads, and touch windows.

Integrated preschool: A preschool class that serves children with disabilities and typically developing peers in the same setting.

Integration: Participation of children with disabilities in regular classroom settings with typically developing children.

Integration (of technology): A process in which assistive technology is effectively utilized to provide a child who has disabilities equal opportunity to participate in ongoing curricular activities. It involves using technology to augment internal capabilities in the accomplishment of desired outcomes in academic, social, domestic, and community settings and involves awareness-building on the part of all staff and peers.

Interdisciplinary: A model of team organization characterized by professionals from several disciplines who work together to design, implement, and document goals for an individual child. Expertise and techniques are shared among the team so all members can assist the child in all domains; all members assess or provide direct service to the child.

Interface: A connection between a computer and an add-on peripheral device.

Interface card: A circuit board which can be inserted into one of the expansion slots to add specific capabilities to the computer. Examples are Adaptive Firmware Card™ or Echo™.

Interpersonal communication: Communication with others.

Intrapersonal communication: Communication with oneself.

I/O game port: Ports located on or in the computer that allow the user to plug in peripheral devices.

Itinerant services: Services provided by preschool special education teachers or related services personnel which occur in the setting where the child or the child and parent(s) are located as opposed to providing services at a centralized location.

Joy stick: An input device for the computer which has a control stick and two buttons. Rotating the stick moves the cursor in a circle. Pressing the buttons can control other program features.

K: Stands for kilo or 1,000 (actually 1,024) bytes of memory. A computer with 64K has storage for 64 kilobytes of data.

Keyguard: A plastic or metal sheet with finger-sized holes that covers a standard or alternative keyboard to help children who have poor motor control to select the desired keys.

LEA (Local Education Agency): The public school district which is responsible for a student's education.

Leaf switch: Flexible switch that is activated when bent or gently pressed.

Least restrictive environment (LRE): To the maximum extend appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Manipulative play: Play in which a child acts upon objects in order to physically explore and control the objects.

Mask: A cardboard or plastic device that is placed over keyboard sections on a computer or communication device to block out unnecessary keys and assist the child in focusing on the target keys for a particular function.

Maximize: Making maximal use of the materials and environmental cues readily available in the typical early childhood environment in order to enhance the participation skills of children with disabilities within that classroom setting.

Megabyte: A unit of measure for computer memory. One megabyte equals 1,048,576 bytes or characters.

Memory: Computer chips which have the capacity to store information. Information stored in Read Only Memory (ROM) is stored permanently for the computer and cannot be erased. Random Access memory (RAM) is a temporary storage area for programs and data. RAM is erased when the computer is turned off and therefore must be stored on a disk or hard disk drive.

Mercury (tilt) switch: Gravity sensitive switch which activates when tilted beyond a certain point.

Modem: A peripheral device which allows a computer to send and receive data from another computer over the telephone lines.

Monitor: A screen which provides a visual display of the information being processed by the computer.

Motor planning: The discovery and execution of a sequence of new, non-habitual movements. Examples: Climbing through an unfamiliar obstacle course, learning to remove a sweatshirt or to tie a bow. Once the sequence is learned, it does not require motor planning to repeat it.

Mouse: A computer device that controls the pointer on the monitor. By clicking a mouse, a child can provide input to the computer.

Multifactored assessment: An evaluation of more than one area of a child's functioning so that no single procedure shall be the sole criterion for determining an appropriate educational decision. Such an evaluation includes professional staff from many disciplines.

Multidisciplinary; A model of team organization characterized by professionals from several discipines working independently who relate information concerning their work with an individual child to each other but do not coordinate, practice, or design a total educational program together.

Muppet learning keys: A touch sensitive keyboard designed specially for use with children. Letters and numbers are arranged in sequence, and keys are marked with colorful Muppet characters.

Norm-referenced tests: Tests that compare the performance of an individual against a group average or norm. Such tests often utilize standard scores, percentile ranks, age equivalencies, or developmental quotients.

Object permanence: The recognition of the existence of objects by children even after all or part of it is out of sight. Peek-a-boo is an early game to help baby begin to develop object permanence.

Observation: To take notice or pay attention to what children say and do in order to gather and record information for the purpose of interacting more effectively with them.

Open-ended materials: Materials which offer a wide range of opportunities for creativity and experimentation and that do not have just one or two ways in which a child can play with them.

Output: Any information that is transferred from the computer to another device such as a printer or speaker.

Output device: Any device that receives information from the computer and makes it available to the child in an understandable form. Output devices include monitors, printers, and speech synthesizers.

Overlay: Paper or plastic sheet which fits over a computer keyboard or electronic communication device containing symbols or icons depicting the information stored in the active areas below.

Parallel play: A situation in which a child plays independently with materials similar to those used by children playing in close proximity. Social contact is minimal.

Peer-initiated acitivity: A child becomes involved in an activity following the observation of a peer engaged in play or through invitation by that peer.

Peripheral: Any hardware device which is outside, but connected to, the computer. Peripherals include input and output devices such as joysticks, touch windows, adaptive keyboards, speech synthesizers, and printers.

Physical play: Action that is frequently social, may be competitive, and includes rough-and-tumble activities.

Plate switch: The most common type of switch. Downward pressure on plate causes circuit to be completed and connected object will be activated.

Play: Freely chosen, spontaneous, and enjoyable activities which assist in organizing cognitive learning, socialization, physical development, communication, etc.

Play-based assessment: Assessing children in a natural play-oriented setting as opposed to a traditional assessment environment in which the examiner controls the child's behavior through standardized testing procedures.

Play tutoring: An adult initiates a new play episode taking a dominant role and teaching the child new play behaviors.

Port: A socket on the back panel or on the logic board of the computer for connecting peripheral devices.

Power pad: A touch sensitive pad used as an alternate means of accessing the computer. Overlays define press areas necessary to activate special software programs.

Practice play: Involves the child's pleasurable repetition of skills that have been previously mastered.

Pressure sensitivity: Refers to the amount or degree of touch sensitivity required to activate a device.

Preventative approach to managing behavior: Adults set the stage for an environment that is child-centered, based on developmentally appropriate activities, expectations, and techniques, and organized to address positive discipline.

Printer: The device which produces a printed "hard copy" of the text or graphics from the computer.

Program: A set of instructions for the computer which allows it to carry out a specific function or task.

Programmable vocabulary: Refers to communication devices that can be programmed on site, as opposed to being returned to the manufacturer for programming.

Public domain software: Programs which are not copyrighted and are available for copying.

Public Law 94-142: A law passed in 1975 requiring that public schools provide a "free, appropriate public education" to school-aged children regardless of handicapping conditions (also called the Education of the Handicapped Act).

Public Law 99-457: *The Education of the Handicapped Act Amendments of 1986.* This law mandated services for preschoolers with disabilities and established the Part H program to assist states in the development of a comprehensive, multi-disciplinary, and statewide system of early intervention services for infants and toddlers (birth to age three).

Public Law 101-476: *The Education of the Handicapped Act Amendments of 1990.* This law changed the name of EHA to the Individuals with Disabilities Education Act (I.D.E.A.). The law reauthorized and expanded the discretionary programs, mandated that transition services and assistive technology services be included in a child's or youth's IEP, and added autism and traumatic brain injury to the list of categories of children and youth eligible for special education and related services among other things.

Pure-tone hearing test: Test that detects hearing loss using pure tones (frequencies) varing from 250 Hz to 8,000 Hz. This is the range that includes most speech sounds.

Rating scales: Tests used in making an estimate of a child's specific behaviors or traits.

Reliability: A measure of whether a test consistently measures what it was designed to measure. The focus is on consistency.

Role release: Mutual sharing of knowledge and expertise by professionals on a team in order to enhance service delivery to the child and family which enables each team member to carryout responsibilities traditionally assigned to another member of the team.

Running record: A narrative description involving a record of a child's behavior and relevant effects for a period of time.

Scanning: A process by which a range of possible responses is automatically stepped through. To select a response, the child activates the switch at the desired selection.

Screening: A process of identifying and referring children who may have early intervention needs for further assessment.

Self-control: The voluntary and internal regulation of behavior.

Shareware: Public domain software available for trial use prior to purchase.

Sip 'n puff: A type of switch which is activated by sipping or puffing on tubing.

Social competence: The ability of a child to interact in a socially acceptable and developmentally appropriate manner.

Software: The programs used by the computer which are available on both 3.5" and 5.25" disks.

Solitary play: A situation in which a child plays alone and independently with materials different from those used by children playing in close proximity. No social contact occurs.

Speech synthesizer: An output device which converts electronic text characters into artifical speech. A circuit card interfaces the computer and speaker, enabling the production of "spoken" output.

Standardized tests: Tests which include a fixed set of times that are carefully developed to evaluate a child's skills or abilities and allow comparison against a group average or norm.

Structured interview: An interview employing carefully selected questions or topics of discussion.

Structured observation: A situation in which the observer utilizes a predetermined system for recording child behaviors; also referred to as a systematic observation.

Structured play: Carefully planned activities with specific goals for adult/child, child/child, or child/materials interaction.

Summative evaluation: Evaluation strategies designed to measure program effectiveness.

Switch: A device that can be used to control an electronic object. A switch can be used as an alternative means of accessing an electronic toy or appliance, communication system, mobility device, or computer.

Switch interface: A connection between a switch and the object being controlled. A timer is an interface used to control how long the item will remain turned "on."

Switch latch interface: An interface which turns a device on and then off with each switch activation.

Symbolic play: Play in which a child uses one object to represent or symbolize another.

Synthesized speech: Speech that is produced by blending a limited number of sound segments. Because it is simply a combination of established sounds, it tends to sound robotic.

Systematic intervention: An approach which utilizes data collection to determine the effectiveness of the intervention.

Systematic observation: See "Structured Observation."

Tactile: Having to do with the sense of touch.

Teacher-directed activity: An activity in which the adult initiates and continues to supervise children's play. This type of supervision can be used to direct children, help them learn to initiate and attend to an activity, and to provide reinforcement for their participation.

Teacher-initiated activity: One in which the adult brings attention to an activity, but withdraws as children become involved and play on their own.

Time sampling: A type of systematic observation whereby tallies are used to indicate the presence or absence of specified behaviors over short periods of time.

Touch window: A touch sensitive screen designed as an alternative means of accessing the computer. The child simply touches the screen (attached to the monitor) to provide input to special computer programs.

Transdisciplinary: An effective team approach to IEP development and problem-solving which involves "role release" on the part of the team members resulting in problem-solving through a mutual sharing of all disciplinary perspectives. One professional is assigned the role of "primary" service provider.

Typically developing child: A child who is not identified as having a disability.

Unicorn keyboard: An alternative computer keyboard for use when a standard keyboard may not be accessable; 128 one-inch square keys can be redefined to create larger areas to accommodate the physicial capabilities of the child.

Unidisciplinary: Professionals from various disciplines (education, speech, motor, etc.) provide intervention services to the same child with little or no contact or consultation among themselves.

Unstructured play: Adult observes the child's play and attempts to fit into and be responsive to the play to the degree that the child allows or seems interested.

Validity: A measure of whether test items measure the characteristic(s), aptitude, intelligence, etc. that they were designed to measure.

VOCA: Voice output communication aid. This term refers to any electronic AAC approach which produces voice output.

Voice input: A voice recognition system which enables the computer to receive, recognize, and convert human voice input into data or other instructions.

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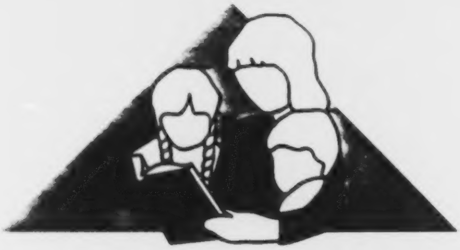
Leaders Planning Guide
and
Evaluation Form

Family Collaboration



LEADER PLANNING GUIDE

In order to assure successful in-service presentations, a number of critical items must be addressed by the leader before, during, and after the training day.

Before the Training Day:

- ______ Arrange for setting (e.g., meeting room, chairs, lunch, and audio visual materials and equipment)
- ______ Prepare and disseminate flyer
- ______ Review module and prepare presentation
    - a. Review Glossary
    - b. Collect or prepare materials needed for selected activities (e.g., toys, videos)
- ______ Duplicate necessary overheads and handouts
- ______ Prepare and duplicate agenda
- ______ Duplicate Pre/Posttest (May be sent before session and returned with registration in order to assist in planning)
- ______ Duplicate participant evaluation form
- ______ Prepare a sign-in form in order to gather name and position (discipline) of participants

During the Training Day:

- ______ Require each participant to sign in
- ______ Provide each participant with:
    - ______ Agenda
    - ______ CEU information (if applicable)
    - ______ Pre/Posttest
    - ______ Necessary handouts
    - ______ Participant evaluation form (end of the day)
- ______ Explain CEU process (if applicable)
- ______ Explain participant evaluation process

______ Have participants complete Pretest (if not completed earlier)

______ Present module seminar

______ Collect CEU information and checks (if applicable)

______ Have participants complete Posttest and participant evaluation form

______ Collect completed Posttest and participant evaluation forms

After the Training:

______ Complete the leader evaluation form

______ Mail a copy of the following to:
Project Prepare
Cuyahoga Special Education Service Center
14605 Granger Road
Maple Heights, Ohio 44137

______ Leader evaluation form

______ Compilation of Participant evaluation forms

*Are you seeking Project Prepare Certification? ____ Yes ____ No

*All qualified staff development leaders are encouraged to use the materials for the preparation of personnel who are working with young children who have special needs. Staff development leaders who wish to become certified Project Prepare Leaders are required to conduct a staff development session utilizating each of the nine Project Prepare modules. Each session must be at least five hours in length. Data regarding module certification will be gathered through the leader evaluation forms by Project Prepare, Cuyahoga Special Education Service Center. The names of the Project Prepare Certified Leaders will be placed on file with the Ohio Department of Education, Division of Early Childhood Education and the 16 Special Education Regional Resource Centers.

PROJECT PREPARE
LEADER EVALUATION FORM

Leader Name ____________________ Date ____________________

Agency ____________________ SERRC Region ____________________

Address ____________________ Module Title ____________________

____

Number of in-service participants __________

Using the sign-in form, please indicate the number of participants from the following disciplines or positions that attended the session.

Early Childhood Special Educator (   )
Early Childhood Educator (   )
Occupational Therapist (   )
Physical Therapist (   )
Speech/Language Therapist (   )

Special Educator (   )
Administrator (   )
Psychologist (   )
Teaching Assistant (   )
Parent (   )

Other (specify) ____

Please answer the following questions.

1. To what extent did these materials allow you to meet your in-service objective?

(   ) Not at all (   ) Somewhat (   ) For the most part (   ) Completely

2. How would you rate the interest level of the activities?

(   ) Low (   ) Average (   ) High

3. Would you recommend these materials to other professionals involved in early childhood staff development?

(   ) Yes (   ) No

4. Comments ____

____

____

____

____

____

PARTICIPANT EVALUATION FORM

INTRODUCTION: Thank you for attending this in-service session. We would appreciate receiving your feedback on the success of the training on the questions listed below. The information that you provide will be used to help us plan future events.

DIRECTIONS: Please answer item 1 by placing a (√) beside your current position. For items 2 through 9 check the response that most closely matches your feelings about each statement. Supply the requested information for items 11 through 13.

1. Current Position:
   - ( ) Early Childhood Special Education Teacher
   - ( ) Early Childhood Teacher
   - ( ) Special Education Teacher
   - ( ) Regular Education Teacher
   - ( ) Speech/Language Therapist
   - ( ) Physical Therapist
   - ( ) Occupational Therapist
   - ( ) Administrator
   - ( ) Teaching Assistant
   - ( ) Parent
   - ( ) Other (please specify) ________________

	Unacceptable	Poor	Average	Good	Excellent
2. Overall, I felt that the in-service session was	( )	( )	( )	( )	( )
3. I felt that the organization of the in-service activities was	( )	( )	( )	( )	( )
4. The presenter's approach to sharing information was	( )	( )	( )	( )	( )
5. My understanding of the information presented today is	( )	( )	( )	( )	( )
6. The way in which this session met my (professional/parenting) needs was	( )	( )	( )	( )	( )
7. The new ideas, skills, and/or techniques that I learned today are	( )	( )	( )	( )	( )

	Unacceptable	Poor	Average	Good	Excellent
8. My motivation level for using the information and/or techniques presented today is	( )	( )	( )	( )	( )
9. The way in which children and/or families that I work with will benefit from my attendance today is	( )	( )	( )	( )	( )

10. Would you recommend this workshop to others?

( ) Yes ( ) No

11. What were the most useful aspects of this in-service?

12. Which aspects of the training do you feel could be improved?

13. Do you have any specific needs related to this topic that were not met by this in-service?

( ) Yes ( ) No

If yes, what additional information would you like to receive?

Family Collaboration (General)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

0	1	2	3	4	
					1. Recognize key components of professional partnerships.
					2. Understand intra/inter-personal skills necessary for effective communication.
					3. Demonstrate an understanding of effective communication skills for interacting with family/professionals.
					4. Appreciate the uniqueness of cooperative partnerships.
					5. Can identify the five phases of marriage.
					6. Understand the Loss and Grief Cycle.
					7. Will know the characteristics of a healthy family.
					8. Can identify family roles within the family structure.
					9. Recognize key components in home environments that support learning.
					10. Understand developmental milestones and how the preschool child learns.
					11. Demonstrate ability to plan appropriate materials and activities to support learning.
					12. Appreciate how verbal expressions affect learning.
					13. Can identify available programs and resources supporting the needs of children and families.
					14. Be able to access available programs and resources supporting the needs of children and families.
					15. Be able to link families with available programs and resources.
					16. Provide empowerment to families to take on responsibility of accessing programs and resources.
					17. Be familiar with available related services supporting the needs of children and families.
					18. Will know how to access related services supporting the needs of children and families.
					19. Be able to link families with appropriate related services.
					20. Appreciate the importance of empowering families to take on the responsibility of accessing related services.

Family Collaboration (Staff)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

0	1	2	3	4	
					1. Recognize key components of professional partnerships.
					2. Understand intra/inter-personal skills necessary for effective communication.
					3. Demonstrate an understanding of effective communication skills for interacting with family/professionals.
					4. Appreciate the uniqueness of cooperative partnerships.
					5. Can identify the five phases of marriage.
					6. Understand the Loss and Grief Cycle.
					7. Will know the characteristics of a healthy family.
					8. Can identify family roles within the family structure.
					9. Recognize key components in home environments that support learning.
					10. Understand developmental milestones and how the preschool child learns.
					11. Demonstrate ability to plan appropriate materials and activities to support learning.
					12. Appreciate how verbal expressions affect learning.
					13. Can identify available programs and resources supporting the needs of children and families.
					14. Be able to access available programs and resources supporting the needs of children and families.
					15. Be able to link families with available programs and resources.
					16. Provide empowerment to families to take on responsibility of accessing programs and resources.
					17. Be familiar with available related services supporting the needs of children and families.
					18. Will know how to access related services supporting the needs of children and families.
					19. Be able to link families with appropriate related services.
					20. Appreciate the importance of empowering families to take on the responsibility of accessing related services.

Family Collaboration (Administrator)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

0	1	2	3	4	
					1. Recognize key components of professional partnerships.
					2. Understand intra/inter-personal skills necessary for effective communication.
					3. Demonstrate an understanding of effective communication skills for interacting with family/professionals.
					4. Appreciate the uniqueness of cooperative partnerships.
					5. Can identify the five phases of marriage.
					6. Understand the Loss and Grief Cycle.
					7. Will know the characteristics of a healthy family.
					8. Can identify family roles within the family structure.
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					17. Be familiar with available related services supporting the needs of children and families.
					18. Will know how to access related services supporting the needs of children and families.
					19. Be able to link families with appropriate related services.
					20. Appreciate the importance of empowering families to take on the responsibility of accessing related services.

Modules for Competency-Based
Personnel Preparation in
Early Childhood Education

Family Collaboration

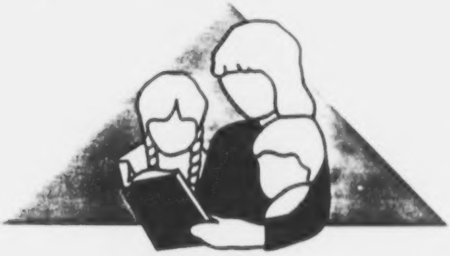
General

GOALS

1. Understand/develop working relationships between parents and professionals.
2. Understand family dynamics.
3. Be able to faciliate family establishment of a home environment that supports learning in young children.
4. Identify available programs and resources that support the needs of children and families.
5. Be aware of available related services that support the needs of children and families.

GOAL 1

Family Collaboration



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LEVEL: GENERAL

GOAL: **#1** Understand/develop working relationships between parents and professionals.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will have knowledge of intra/interpersonal skills.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Introduction: "Hat Trick" Provide opportunity for individuals to experience intrapersonal communication.	1. Leader's Directions: (G-L1) "Hat Trick"	1. Speaker will discuss with audience "Hat" observations. Discuss how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) influence communication.
2. Small group activity Provide opportunity for individuals to communicate one on one.	2. Transparency/Handout (G-T1) *The Communication Model*	2. Pairs will introduce themselves to each other and in turn introduce that person to the entire group. (Tell something interesting about the person besides name.) *This activity reduces anxiety and allows participants to focus on new activity.
3. Provide opportunity for individuals to look at themselves.	3. Handout (G-H1) *Positive/Negative* Transparency (G-T2) *Positive/Negative*	3. Relate Positive/Negative Exercise to "intra-personal" relationship. Emphasize the importance of learning about one's self before interacting with others.

THE HAT TRICK
(Intrapersonal Communication)

- Speaker wears an "unusual" hat as she/he speaks to audience.

- Quiz audience about hat observations:
  Do you like/dislike my hat?
  Do you think you would look better in this hat?
  or
  Are you thinking – "I'd never wear that hat!"
  "It's a dopey hat."
  "Fifty years ago it would be a proper hat."

You have noticed that none of the other team members is wearing a hat. You have made some judgments about me and my hat — we do that. This is an example of **intrapersonal communication** (talking to oneself).

- Question is:
  Can we create a better partnership with my hat or without it?

G-T1

THE COMMUNICATION MODEL

INTRAPERSONAL FACTORS (COMMUNICATION WITH ONE'S SELF)

- education
- life experiences
- vocabulary
- past communication
- heredity
- environment
- culture

INTERPERSONAL FACTORS (COMMUNICATION WITH OTHERS)

- images
- past encounters
- role
- life purposes
- communication purposes
- symbolic associations
- attitudes and predispositions

Reprinted with permission from: A Collection of Professional Development Activities and Exercises for the Teacher Leader Program, Edited by June A. Kisch, Ph.D. and Phillip Messner, Ed.D. (1990) (p. 102).

POSITIVE/NEGATIVE LIST

EXERCISE:

Take a sheet of paper and draw a line down the middle.

On the left side, list your good points
    Good cook
    Good housekeeper
    Prompt
    Cheerful
    Always willing to listen?

List all these good things on the left side. On the right side, list all of your negatives, or all of the things that you would like to change. Which column is longer? If the left column is longer, congratulate yourself. If the right one is longer, don't waste any time feeling sorry for yourself.

START DOING SOMETHING ABOUT IT. Start doing something to make yourself into the kind of person you would like to be. Turn the paper over and draw a line down the middle. On the left side, list all the things you would like to change about yourself, all of the things you would like to improve. Then number them, starting with the change which would be easiest to accomplish.

#1 is the easiest
#2 is the next easiest, etc.

On the right side of the paper list the specific things you will do to effect the change. For example:
    I would like to be more knowledgeable
    I will be more knowledgeable by attending Training Sessions

Positive	Negative

LEVEL: GENERAL

GOAL: **#1** Understand/develop working relationships between parents and professionals.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will utilize effective communication skills.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Give the participants an opportunity to think about "child advocacy."	1. Transparency/Handout (G-T3 & 4) *What is an Advocate* *Qualifications of An Advocate*	1. Discuss definitions of advocate. Question/Discussion "Have you ever taken on an advocacy role for your child?" How did it feel? Describe Ask how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence advocacy.
2. Large group activity Activity to change non-assertive statements to assertive statements.	2. Transparency (G-T5) *Non-Assertive vs Assertive Statements* Handout (G-H2) *A Note to Parents, Communicating with Professionals*	2. You may want to use G-T5 as a Handout also. Practice changing statements. Cover the second column and ask participants to state an assertive fashion prior to showing answer. Give as Handout after activity if you wish. Discuss the terms: – assertive – passive – aggressive Note how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence this issue. Discuss Handout G-H2

WHAT IS AN ADVOCATE

AN ADVOCATE IS ANY PERSON
WHO PLEADS THE CAUSE OF ANOTHER

PARENTS CAN BE EFFECTIVE ADVOCATES
IN ORDER TO PROTECT THEIR CHILDREN
AND ADVOCATE FOR THEIR CHILD'S NEEDS

SOMETIMES OTHER PERSONS MAY SERVE
AS AN ADVOCATE FOR THE CHILD
INSTEAD OF THE PARENT

QUALIFICATIONS OF AN EFFECTIVE ADVOCATE

AN ADVOCATE COMMUNICATES EFFECTIVELY
AND IS ASSERTIVE

AN ADVOCATE BELIEVES THAT HE/SHE
IS AN EQUAL PARTNER IN PLANNING SERVICES
FOR THE CHILD

AN ADVOCATE IS NOT AFRAID TO ASK QUESTIONS

AN ADVOCATE COMMUNICATES EFFECTIVELY BY
DOCUMENTING IN WRITTEN FORM AND
BY KEEPING GOOD RECORDS

AN ADVOCATE IS INVOLVED IN THE
EDUCATION PROCESS OF HIS/HER CHILD,
(E.G., TEACHER CONFERENCES, PARENT
MEETING, IEP'S, ETC.)

NON-ASSERTIVE STATEMENTS	ASSERTIVE STATEMENTS
I'm only a parent	I'm a parent, and I'm the authority on my child.
If I stick my neck out and rock the boat, they'll take it out on my child.	I'm willing to stick my neck out to get services for my child's needs, and I won't allow anyone to punish me or my child for doing what's right.
If I assert myself, others will get mad at me.	If I assert myself, the effects may be positive, neutral, or negative, however, since assertion involves legitimate rights, I feel that the odds are in my favor to have some positive results.
At all costs, I must avoid making statements and asking questions that might make me look ignorant or stupid.	It's all right to lack information, or to make mistakes. It just shows I'm human.

There are many ways to get our point across. Sometimes we may be overpowering or aggressive and even sound angry. An assertive response should include the following three elements:

Empathy for the other person involved ...
Telling the other person how you feel ...
Telling the other person what you want.

Good communication involves continually showing your respect for others by giving them the courtesy of your undivided attention, responding to their comments by sharing your perspective on what's been said, and presenting information you have to share in a succinct manner.

A NOTE TO PARENTS:

COMMUNICATING WITH PROFESSIONALS

Many parents feel intimidated when talking with teachers and other special education professionals. There is much in our society which encourages us to look at professionals and to accept what they say without question.

But you don't have to let yourself be intimidated. After all, it's your child who's being talked about. You have spent far more time with your child than any school employee, and you know him/her better than anyone else. Your observations and hunches about your child are important. And you have a legal right to help in designing his/her educational program.

Some suggestions for avoiding that intimidated feeling and being successful in your communications with school people are:

1. Each time you have contact with school people, remind yourself ahead of time that you are important and have a right to be involved.

2. Prepare for meetings. Know ahead of time the important points you want to make. Make a list and take it with you.

3. If possible, take someone with you — to take notes, help you make a point, or provide whatever other form of support you need.

4. When you don't understand something, ask for clarification.

5. Learn to communicate assertively, rather than passively or aggressively.

   An **assertive** person clearly states his/her point of view and takes into account what others have to say. Other people generally respect an assertive person.

   A **passive** person discounts his/her own needs and defers to the other person. People learn that they can take advantage of a passive person.

   An **aggressive** person discounts others and insists on what she/he wants. Others may feel forced to do what the aggressive person wants, but they often feel angry about doing it and will do only as much as they have to. The aggressive person teaches others to fear and avoid him/her.

6. At meetings, let your nonverbal behavior tell others that you know you belong on the team. Examples: Look at people when you talk to them. Take notes. Sit at the table with other participants, not back in your chair like an observer.

7. If you say **some** of what you wanted to say, but not all of it, don't be hard on yourself. Like other skills, assertive communication develops with practice. Congratulate yourself for taking the first steps! (If a major problem will result because of what you didn't say, find out what you can do to get that information included.)

8. It's important to stand up for your rights and those of your child. It's also often necessary to **compromise.** For most people, deciding what to do is difficult. It will help to think carefully about your priorities for your child. Of all the things you want, which are most important? Which are you willing to negotiate about?

9. When you have a complaint, discuss it first with the person directly involved. If that doesn't produce results, then go to someone higher up. You will help your own credibility by giving the person involved a chance to make changes before going to a supervisor.

10. Let the school hear from you when you're pleased with what they're doing, not just when you have a problem or complaint. We all appreciate positive feedback, and it can create a "reservoir of good will" to help you if problems do arise.

Reprinted with permission from: *The Ohio Coalition Parent/Educator Team Training Manual* pp. 9-10.

LEVEL: GENERAL

GOAL: **#1** Understand/develop working relationships between parents and professionals.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will appreciate the uniqueness of cooperative partnerships.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Share and discuss the philosophy of Nicholas Hobbs.	1. Transparency/Handout (G-T6) *Philosophy* (Nicholas Hobbs)	1. Key in on participants reactions to the statement. Do they believe that it is appropriate?
2. Small group activity Partnership activity.	2. Handout/Transparency (G-H3) *Qualities I Would Look for in a Partner*	2. Pretend for a minute that you are about to open your own business. List qualities you would look for in your business partner. Discuss Facilitate small group discussions to share positive parent/professional interaction.
3. Large group activity Have each small group share their responses.		3. Small group compiles – Why you felt interaction was positive. – Combine groups to compare. – Discuss

PHILOSOPHY

"... Parents have to be recognized as special educators, the true experts on their children; and professional people — teachers, pediatricians, psychologists, and others — have to learn to be consultants to parents."

(Nicholas Hobbs, 1978)

G-H3

QUALITIES I WOULD LOOK FOR IN A PARTNER

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

Adapted from: *A Guidebook to the IFSP Process for Raising Children With Developmental Disabilities.* Based on the **Building Family Strengths Workshop Series.**

Family Child Learning Center
90 West Overdale Drive
Tallmadge, Ohio 44278
(216) 633-2055; FAX (216) 633-2658

Family Collaboration

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LEVEL: GENERAL

GOAL: **#2** Understand family dynamics.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the role of relationships within families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Open presentation with definition of the family. Review attached material on the five phases of marriage. Survey the audience as to: a. How many married? b. Validate the five phases with the group. c. Ask for group opinion as to whether phases are developmental or cyclical and discuss. What impact does the arrival of children have on the phases of marriage? (Discuss) What impact does the arrival of a child with disabilities have on the phases of marriage? (Discuss)	1. Transparency (G-T7, 8, 9) *Family* *Phases of Marriage* *Family System* Handout (G-H4) *Family Circle Activity*	1. Use Transparency of dictionary definition. Review Transparency. *Phases of Marriage* and *Family System* Discuss five phases with those married and single. Validate these phases with the participants. Lead group into discussion about cyclical processes and those types of situations that might cause marriages to recycle back into early stages of marriage. Discuss the impact of children on five phases of marriage, their impact on life-styles within the marriage and social impacts on the couple. Make a chart of responses. Also ask participants to consider how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence these phases.
2. Large group activity Look at families. List the most prominent family structures that exist today. Ask participants to circle their family. Discuss circle results and ask if anyone would like to share their family circle.	2. Transparency/Handout (G-T10) *Family Circles* (Transparency pen is needed for this activity)	2. Note different types of family composition. Two-Parent Family - Natural Parents Single Parent Family - Missing/Deceased Multi-Parent Family - 2nd Marriage Guardian (Grandparent or other relative) Adopted Display "Family Circles" Transparency.

LEVEL: GENERAL *(continued)*

GOAL: **#2** Understand family dynamics.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the role of relationships within families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
	Supplemental Resources "Mothers' and Fathers' Reports of the Effects of a Young Child with Special Needs on the Family," Mclinden, Stacey E. Ohio Coalition Parent/Educator Team Training Manual, "Grieving Over the Lost Dream," McCollum, A.T.	Discuss influence of family members and their stressors on the decisions we make, our attitudes, etc. For those married, circle their immediate family. Those not married should circle their family of origin when they were age 12. Point out that in order to circle our families we subconsciously had to begin the process of role identification.
3. Large group activity Administer the **Family of Origin Questionnaire.**	3. Handout (G-H5) *Family of Origin Questionnaire*	3. **Please emphasize to participants** your respect for the sensitivity of the material discussed and that their privacy will be respected throughout. Volunteer sharing only will be used.
4. Small group activity Break participants into small groups to discuss the impact to a family raising a child with special needs.		4. Ask small group to apply impact to: Phases of Marriage Family Circles Questionnaire
5. Large group activity Review Grief Cycle and distribute Handouts. Review a Healthy Family System and link to marriage phases, grief cycle. Have each participant make a healthy family mobile.	5. Transparency (G-T11) *Loss and Grief Cycle* Transparency (G-T12) *Grief Cycle* Handout (G-H6) *Grief Cycle* Handout (G-H7) *Family Mobile*	5. Correlate phases of marriage to that of Grief Cycle in that it is an evolutionary process, both developmental and cyclical and both require concerted effort to be successfully addressed. Use Overhead "Family System Perspective." Use **Family Mobile** overhead for discussion and construct mobile models.

FAMILY

1. Parents and their children
2. The children as distinguished from their parents
3. A group of persons connected by blood or marriage, including cousins, grandparents, in-laws, etc.
4. A group of persons forming a household

Standard College Dictionary, Funk & Wagnalls, Harcourt, Brace & World, 1963, pp. 479.

FIVE PHASES OF MARRIAGE

Romance

Characterized by fantasy in which we assign to our partners those characteristics we wish them to have with each putting their best foot forward to avoid discovery and disappointment.

Disillusionment

Reality sets in. Discovery that fantasy and truth are different. Settle in by being nice and accepting of disappointments.

Despair

Denial that there are individual differences and problems in the marriage lead to this third stage. Manifestation of the crisis may be an affair, boredom, depression, alcoholism or compulsive work.

Resolve in one of three ways:

Bail Out - through separation or divorce
Settle In - life of quiet depression
Accept Challenge - work for growth

Growth

Those accepting the challenge face ups and downs characterized by no pain-no gain experiences.

Maturing Love

Without innocence, with a memory of the struggle. "There is someone who knows me, and still loves me with all of my faults."

FAMILY SYSTEM

I. Families operate as a system:

A. Roles, relationships, communication styles and power distribution balances the system.

B. Children with limitations can imbalance the system; families react/adjust in a way that rebalances the system.

C. A primary family goal is *homeostasis. (*The tendency of an organism to maintain a uniform and beneficial physiological stability within its parts; organic equilibrium.)

D. No family is healthy at all times.

E. In healthy family systems, both system and individual needs are met; the system is fluid, open and predictable.

FAMILY CIRCLE ACTIVITY

Every person in your family experiences stress and has their own needs. While some stressors and needs may be obvious, others are not.

On the Family Circles sheet, please draw a circle for each family member. Family refers to all the people who live in your household. Family also refers to those family members who do not live in your house but who have an influence on your family. Family pets may be included.

On each circle, label the name of the person and their relationship to you. Next, write the stressors and needs of that particular person. Stressors refers to thoughts, feelings, or situations that make you feel like you are on "overload." There are different kinds of needs. Some needs are material, such as a need for everyone to be happy or the need for your spouse to be sensitive to your thoughts and feelings.

Adapted from: *The Ohio Coalition Family Ties Project.*

FAMILY CIRCLES

FAMILY OF ORIGIN QUESTIONNAIRE

1. What was the cardinal rule in your family?
2. Who had the power in your family?
3. How were children disciplined?
4. How did disagreements get resolved in your family?
5. How did your family handle change and stress?
6. What was the primary message that your father gave you as you were growing up?
7. What was the primary message that your mother gave you as you were growing up?
8. What was the family secret?
9. What was a family rule that you remember breaking?
10. How was affection given or shown in your family?
11. Recall a truth that you learned to be untrue when you left home.
12. Was there any unfinished business when you left home?
13. How would you like the roles in your family now to be different than the roles in your family of origin?
14. Remembering your childhood, name one thing for which you are grateful?
15. How were financial matters handled in your family of origin?
16. How do financial management matters in your family differ from those in your family of origin?

Adapted from: Cooper, R. Myer. Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebraska. (1980).

LOSS AND GRIEF CYCLE

Gilbert M. Foley, Ed.D.

PREGNANCY

The normal ambiguity of pregnancy facilitates project and fantasy production.

↓

THE FANTASIZED HOPED-FOR CHILD

A normal milestone in pregnancy is the formation of an idealized representation of the child-to-be.

↓

BIRTH OF A HANDICAPPED CHILD

The birth of a handicapped child precipitates a state of dissonance between the hoped-for-child and the real child.

↓

IDEATIONAL OBJECT LOSS

There occurs an unconscious loss of the hoped-for-child — the death of a dream. Loss precipitates grief, our intrapsychic healing mechanism.

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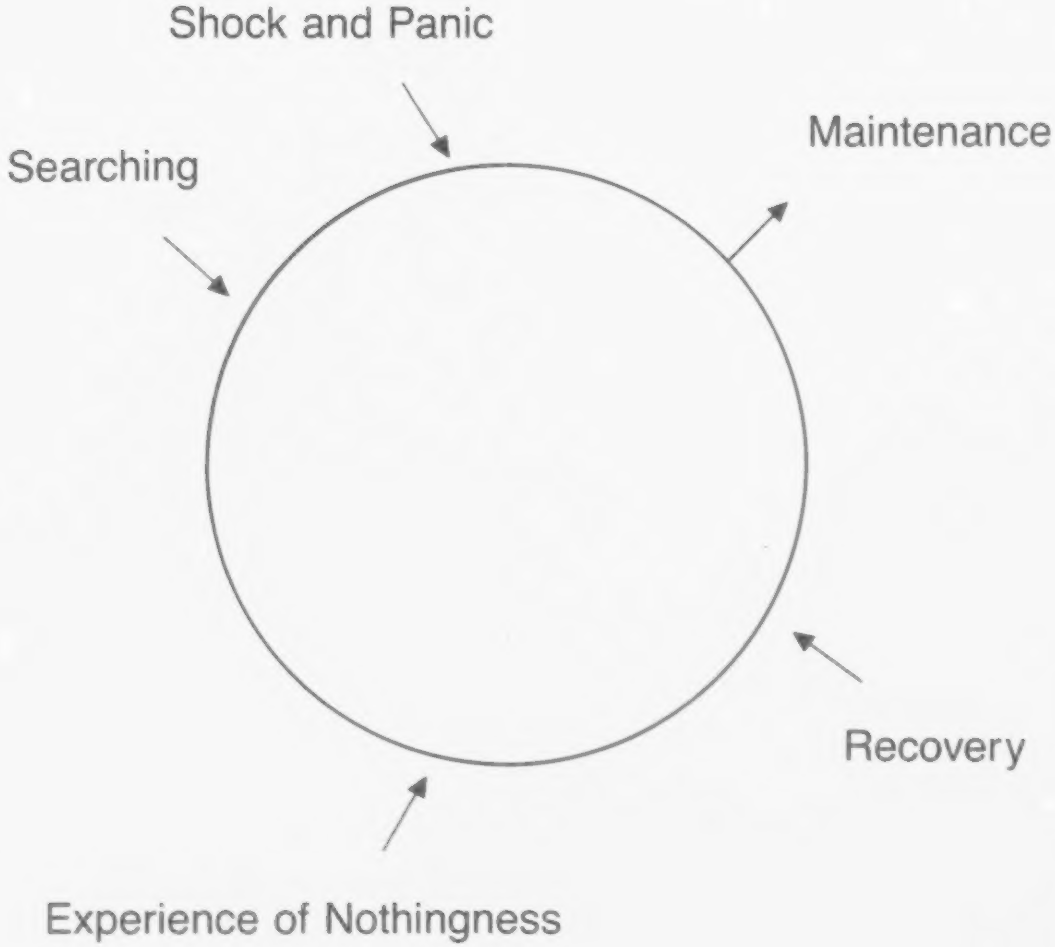
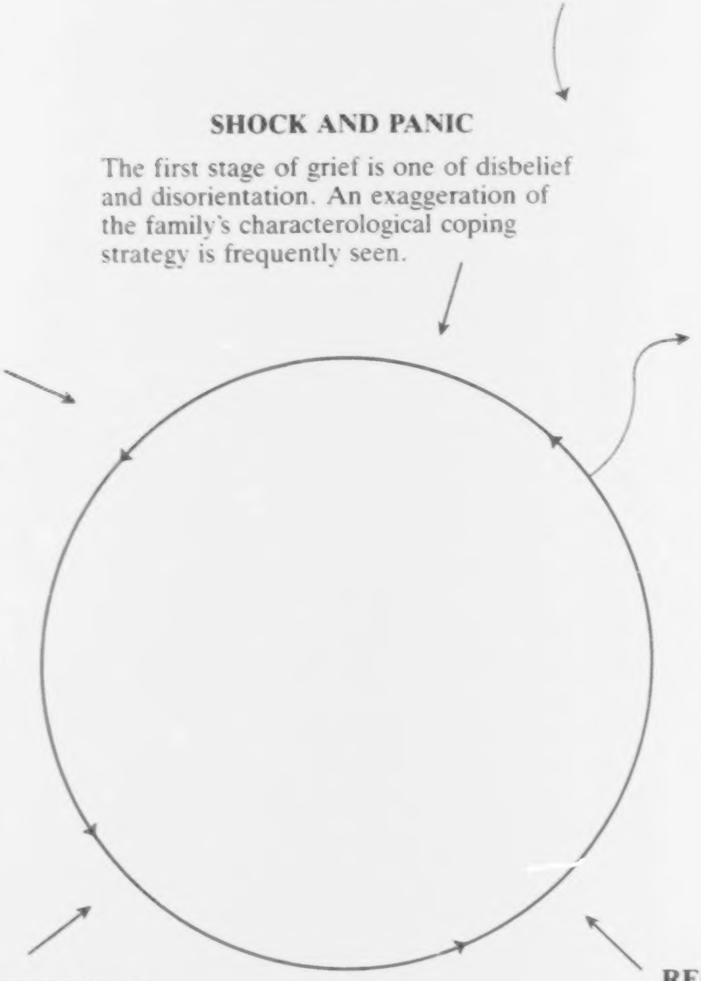
GRIEF CYCLE


Shock and Panic
Maintenance
Searching
Recovery
Experience of Nothingness

84

GRIEF CYCLE



SHOCK AND PANIC

The first stage of grief is one of disbelief and disorientation. An exaggeration of the family's characterological coping strategy is frequently seen.

SEARCHING

Once the family is stabilized from the initial insult, they begin looking for the hoped-for-child. This frequently takes the form of denial or shopping for the differing diagnoses.

EXPERIENCE OF NOTHINGNESS

When the search meets with failure, the parents must face the essential tragedy of the situation. This is frequently a period of emotional lability and strong feeling; e.g., depression, rage, guilt. A sense of meaninglessness and absurdity is frequently associated with rearing and parenting a handicapped child. Why did this happen to me and what does it mean?

RECOVERY

During this period, the family reality tests more accurately and discovers the delight and health in the child as well as the tragedy and pathology. This recovery appears dependent on the attainment of two psychological constructs: (1) a personal mythology to provide meaning for this experience and (2) a reconstructed internal representation of the child which melds the hoped-for-child and the real child.

MAINTENANCE

This stage is characterized by stabilization, increased resilience, and internalized coping strategies. The cycle can be and is frequently recapitulated when the child fails to achieve significantly invested social and developmental milestones.

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G-H7

FAMILY MOBILE

The *healthy family* is an organism — similar to a mobile:

- its parts are interdependent
- it works together for:
  peace and harmony
  destruction
  survival
- each family member adopts a behavior causing the least amount of stress

A Mobile is:

- a hanging art form comprised of shapes, rods and string
- an art form dependent upon its balance and movement
- an art form that responds to changing circumstances while maintaining its equilibrium
- an art form whose whole system moves interdependently to maintain equilibrium
- an art form whose individual parts contribute to the balance of the whole

In a Healthy Family:

each member can move responsibly and freely without upsetting balance

each member has defense mechanisms for protection and feelings which can be shared in an atmosphere of trust

LEVEL: GENERAL

GOAL: **#2** Understand family dynamics.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will understand the different family roles and their influence.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity The inservice group will assemble in small groups to develop a refinement in the definition of a "family" and what it means to them. Large group discussion will follow to form a consensus to obtain a working definition of today's "family."	1. "Building Effective Parent/Educator Relationships" - The Ohio Coalition, Parent/Educator Team Training Module 1	1. Divide the group into smaller groups. Reflectively review Funk & Wagnalls definition, the Family Circles, the Family Mobile, and the Family Origin Survey. Instruct each group to develop a definition of the modern family that best includes all of the above. Note how issues of diversity (e.g., ability, cultural, racial, religious, genders, etc.) might influence their definitions.
2. Small group activity Using the refined definition, Family Circles, Family Mobiles, and the Family Origin Survey, small groups will reassemble to identify role characteristics within the family unit and discuss the impact of family stressors on role characteristics.	2. Handout (G-H8) *Glossary of Family Roles*	2. Identify role labels that include: Decision Maker Financial Manager Caretaker(s) Social Planner Teacher(s) Protector Lost Child Scapegoat or Problem Child The Lost Child Mascot or Family Pet Special Needs Person
3. Large group activity The general inservice group will develop a list of suggestions that school personnel might use, causing a greater sense of understanding, awareness, and compassion in recognizing the uniqueness of each family structure in working to help the families with special needs children.	**Supplemental Resources** *Hope For The Families: New Directions For Persons With Retardation or Other Disabilities,* Perske, Robert.	3. Following large group discussion, identify the two most important actions that school officials could take to help the families with special needs children.

G-H8

GLOSSARY OF FAMILY ROLES

Decision Maker — Family member, usually spouse, that makes most all decisions regarding family matters.

Financial Manager — Family member, usually spouse, that is responsible for paying bills, deciding on purchases and investments.

Caretaker — The role of the caretaker is to provide self-worth for the family. Is often the oldest child or "breadwinner" parent. This person is very perceptive and sees and hears more of what is happening within the family and tries to make things better.

Social Planner — The role of the social planner is to handle the family image within the family (parents, grandparents, etc.) and also outside of the family, the communities of residence, work and socialization.

Teacher — The role of the teacher is to provide personal living skills to those of need within the family. Most often they focus on the needs of children, not always however.

Protector — This person many times develops defensive postures of powerlessness, is very serious, is self-blaming, very responsible, self-pity, fragility.

Lost Child — This person's role is to offer relief (the one child the family doesn't have to worry about). This child doesn't make close connections in the family, spends much time alone, is not noticed in a positive or negative way. Possesses internal feelings of hurt, loneliness, inadequacy and anger.

Mascot — The role of the mascot is to provide family fun and humor. The mascot is not taken seriously, is often cute, fun to be around, charming and humorous. Possesses internal feelings of fear, insecurity, confusion and loneliness.

Special Needs Person — The special needs person is difficult to describe as each one is uniquely different. Internal feelings can span the full range of emotions.

Identity Roles should not be limited just to those listed above. These are provided to help in the process of better understanding family structures and internal dynamics. Many times one person will assume multiple roles within the family. Also, some families, being smaller, have no one filling some of these identified roles.

Adapted from material from *Hardin County Alcoholism Center:* Family Structure

LEVEL: GENERAL

GOAL: **#2** Understand family dynamics.

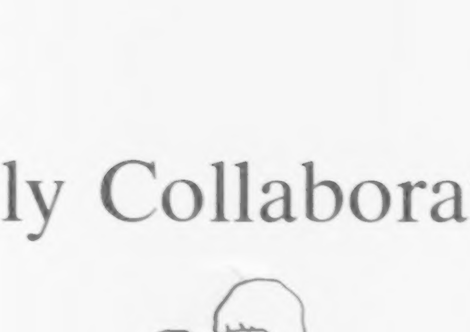
COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will respect the difference in various family structures.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Ask each participant to examine his or her own family structure and egocentricities, looking for parallels and differences between parents of children with special needs and themselves.	1. Handout (G-H5) *"Family of Origin Questionnaire"*	1. Use the information gained earlier as a basis for profiling their own family structure. Discussion leader surveys group and records responses.
2. Large group activity Participants identify and examine their own family stressors. They are then asked to compare these stressors with those thought to exist within families having members with special needs. Participants will then develop a list of similar family stressors that exist in families with members who may or may not have special needs. Participants will conclude this activity by listing and discussing differing family stressors between families of individuals with special needs and other families.	**Supplemental Resources** "Multicultural Education - What Works," *Preschool Perspectives* "Grandparents of Children with Special Needs: Insights into Their Experiences and Concerns," by Vadasy, Fewell & Meyer "The Dynamics of Transition and Transformation: On Loss Grieving, Coping and Growthful Change," by Moses "A Look At The Nurturing Family," Ohio Coalition Parent/Educator Training Team Manual "Perspectives: Family Support Across the Life Cycle," CEC Report	2. Using a reflective activity, participants are asked to identify their family "stressors." Using inferential skills, participants are then asked to list family stressors existing in a special needs family. Comparisons will then be made by the discussion leader as the group is surveyed for similarities as well as differences. Inject multicultural concerns into the discussion, their impact on family structure and the family stressors. Large group discussion of differing family structures and family stressors will focus on asking participants for suggestions on gaining greater public understanding and empathy for the special need family.

GOAL 3

Family Collaboration



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LEVEL: GENERAL

GOAL: **#3** Be able to facilitate family establishment of a home environment that supports learning in young children.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand how the preschool child learns developmentally primarily through play.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Participants will draw or write about a pleasant childhood memory and share it with the group.	1. Transparency (G-T13) *Childhood Memories*	1. Use Transparency in overhead to categorize memories as experiential or academic. Point out most memories were experiential because young children learn through actions.
2. Large group activity Participants will acquire knowledge about developmental milestones in the preschool child. a. Leader will provide a list of developmental milestones.	2. Handout (G-H9, 10, 11) *How the Preschool Child Learns* *Play* *Developmental Milestones in Early Childhood*	2. Discuss Handouts G-H9 and 10. Emphasize that learning in the preschool child is experiential and children learn through play. Present Handout of developmental milestones. Emphasize that every child goes through a normal sequence of skills. Each child has unique needs and abilities. Preschool child refers to ages 3-5, but 2-year-old milestones have been included because children progress at different rates, especially children with disabilities. Developmentally appropriate practices need to be considered in integrated preschool programs. Ask participants to think about how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence play and learning.

CHILDHOOD MEMORIES

Experiences involving action, success, challenge or discovery.	Academic experiences related to learning to read, write, spell, add, etc.

Activity adapted from: Frede, Ellen (1984) *Getting Involved Workshops for Parents.* The High/Scope Press.

HOW THE PRESCHOOL CHILD LEARNS

The young child learns through actions on objects and through exploration in the environment. Preschoolers learn best in natural settings that allow them to be active participants. Sound early childhood programs should encourage young children to be:

explorers
communicators
questioners
thinkers
socializers
creators
interactors
problem solvers
reasoners

Preschoolers cannot be "taught" in the traditional sense of the word. They can be stimulated, guided, and encouraged in carefully planned activities that allow them to develop at their own optimum rate. An early childhood educator can provide and arrange for these experiences but must not thrust solutions to problems on the children. They must be allowed to discover the answers themselves through experimentation and investigation.

Information must be learned in a meaningful context to enable full understanding by the young child. The teacher provides the props, experiences, and interactions. The children use all five senses to interact with the objects, people, and events that are presented.

Adapted from: Burditt, F. and Holley, C. (1989) *Resources for Every Day In Every Way*, Fearson Teacher Aids, Simon and Schuster Supplementary Education Group.

PLAY

The way you play with your child and the way you respond to your child's play can also help her develop self-confidence. Play is the primary way that children develop during the preschool years. Through play, children:

Develop their large muscles through vigorous exercise such as running, jumping, climbing, and riding tricycles.

Learn fine-muscle coordination through such activities as coloring, cutting, pasting, and working with puzzles.

Learn how to occupy themselves when they are alone.

Learn to cooperate with others when in a group.

Develop their imaginations.

Learn language.

Parents can help their children develop through play by providing a variety of different experiences — some indoors and some outdoors; some noisy and some quiet; some initiated by parents, others following the child's lead.

Reprinted with permission from: Amundson, Kristen (1989) *Parenting Skills*. American Association of School Administrators, pp. 11-12.

Developmental Milestones in Early Childhood

The Two-Year-Old

Motor Skills
Runs forward well
Jumps in place, two feet together
Stands on one foot, with aid
Walks on tiptoe
Kicks ball forward
Throws large ball
Stands on one foot momentarily
Balances on balance board momentarily, with both feet
Strings four large beads
Turns pages singly
Snips with scissors
Holds crayon with thumb and fingers, not fist
Uses one hand consistently
Folds paper in half with demonstration
Imitates circular, vertical, horizontal strokes
Paints with some wrist action, makes dots, lines, circular strokes
Rolls, pounds, squeezes, and pulls clay
Constructs with Legos, Tinkertoys, etc.
Turns handle on jack-in-the-box
Clips clothespins on a can

Communication Skills
Points to pictures of common objects
Can identify objects when told their use
Understands negatives such as "no," "can't," "don't"
Enjoys listening to simple storybooks and requests them to be repeated
Repeats two digits in order
Labels common objects and pictures
Joins vocabulary words together in two- to three-word phrases
Gives first and last names
Asks "what" and "where" questions
Makes negative statements, such as "Can't open it"
Shows frustration at not being understood
300-400 words in vocabulary

Cognitive Skills
Responds to simple directions, such as "Give me the ball"
Selects and looks at picture books
Names pictured objects
Knows concepts of *one, many,* and *more*
Understands prepositions *to* and *with*
Completes three-shape formboard
Can nestle cups sequentially
Points to six body parts on doll
Groups associated objects, such as cup and saucer
Stacks rings on peg in size order
Recognizes self in mirror
Can talk briefly about what he or she is doing
Imitates adult actions, such as sweeping, ironing
Has limited attention span
Learning is through exploration and adult direction
Is beginning to understand functional concepts of objects, such as "Spoon is for eating"
Is beginning to understand whole-part concepts

Personal-Social Skills
Uses spoon, spilling little
Gets drink from fountain or faucet independently
Opens door by turning handle
Takes off coat
Puts on coat with assistance
Washes and dries hands with assistance
Plays near other children
Watches other children and sometimes joins in their play
Defends own possessions
Begins to play house
Uses objects symbolically
Participates in simple group activities, games, songs
Knows gender
Increasing sense of independence
Generally does as told, or minds
May be afraid of thunder, sirens, loud noises
May enjoy performing for others

SOURCES: Tina E. Banks, *Language and Learning Disorders of the Preacademic Child with Curriculum Guide*, 2d ed. (Prentice-Hall, 1982); Joanne Hendrick, *Total Learning for the Whole Child* (C. V. Mosby, 1975); Beth Langley, *Guidelines for Teachers and Evaluators* (George Peabody College for Teachers, 1976); *Project Memphis: Lesson Plans for Enhancing Preschool Developmental Progress* (Memphis State University, 1976); Anne Sanford, *The Learning Accomplishment Profile* (Chapel Hill, NC, 1974).

Reprinted with permission from: Burditt, F. and Holley, C. (1989) *Resources for Everyday in Every Way* (p. 17) Fearon Teachers Aids, Minneapolis, MN.

The Three-Year-Old

Motor Skills

Walks stairs, holding rail, alternating feet
Runs around obstacles
Balances on one foot for several seconds
Hops on one foot
Pushes, pulls, steers wheeled toys
Rides a tricycle
Uses slide without assistance
Jumps over six-inch-high object, landing feet together
Throws ball overhead
Catches bounced ball
Fastens snaps
Builds nine- to 12-block tower
Drives nails and pegs
Copies circle
Imitates cross
Rolls and shapes clay forms
Strings ½-inch beads
Cuts across a strip of paper
Completes 10-piece formboard

Communication Skills

Begins to understand time concepts, such as "Tomorrow we will go to Grandma's house"
Understands "big" and "bigger," "long" and "short"
Understands relationships expressed by "if...," "then...," and "because..."
Carries out a series of two to four related directions
Understands when told "let's pretend"
Vocabulary of more than 1,000 words
Understands some abstract words
Answers questions
Tells about past experiences
Uses plurals
Uses *-ed* on verbs to indicate past tense
Uses pronouns *I* and *me* to refer to self
Repeats a nursery rhyme; sings a song
Repeats three digits in sequence
Speech is understandable to strangers, but continues to contain some errors
Sentence length is generally four to five words
Uses prepositions *in, under,* and *on* in syntactical structures

Cognitive Skills

Recognizes and matches six colors
Works three- to five-piece puzzle
Intentionally stacks blocks or rings by size order
Builds three-block bridge
Draws a somewhat recognizable picture
Names and briefly explains pictures
Counts three objects
Knows gender and age
Knows first and last names
Has short attention span, is easily distracted
Learns through observing and imitating adult actions
Has increased understanding of function and groupings of objects
Puts two halves together to form a simple picture
Comprehends concept of same-different
Matches geometrical forms
Begins to be aware of the concept of past and present

Personal-Social Skills

Eats independently with minimal assistance
Brushes hair independently
Pours from pitcher into cup
Spreads butter with knife
Buttons and unbuttons large buttons
Washes hands independently
Uses facial tissue, with reminder
Uses toilet independently (may need assistance to clean and dress self)
Puts on shoes and socks (without tying)
Brushes teeth adequately
Joins in play of other children, interacts
Takes turns and shares, with encouragement
Tries to help with chores, such as sweeping
Begins dramatic play, acting out scenes, such as babysitting

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The Four-Year-Old

Motor Skills

Walks backward, toe-to-heel
Jumps forward 10 times without falling
Walks up and down stairs with alternating feet
Turns somersaults
Gallops
Walks full length of balance beam or walking board
Catches a rolled ball
Cuts continuously on line
Copies cross and square
Prints *V* and *H*
Imitates a six-cube pyramid
Matches simple parquetry patterns

Communication Skills

Follows three unrelated commands in sequence
Understands comparatives like *pretty, prettier, prettiest*
Listens to long stories, but may misinterpret the facts
Incorporates verbal directions into play activities
Understands more abstract words
Understands sequencing of events when told "First we will go to the store, then you can go to play at Billy's house"
Asks "when," "how," and "why" questions
Uses models like *can* and *might*
Joins sentences together
Uses *because* and *so* to indicate causality
Tells content of story, but may confuse facts
Comprehends questions like "What do we do when we're tired?"
Repeats five-word sentences
Identifies common opposites, such as hot and cold
Comprehends prepositions *at the side of, in front of, between*
Retells a fairy tale in logical sequence

Cognitive Skills

Works puzzles of several pieces (10-14)
Counts three items meaningfully
Plays with words: repetitions, rhyming, nonsense words
Points to and names four to six colors
Matches pictures of familiar objects, such as shoe, foot, and sock
Draws a person with up to six recognizable parts
Can name many body parts in picture or on self
Draws, names, and describes a recognizable picture
Counts by rote to five, and perhaps to 10
Knows own street and town, and perhaps phone number
Understands concept of day and night
Answers questions like "What are your eyes for?"
Has longer attention span
Learns through observing and listening to adults, as well as through exploration
Continues to be easily distracted
Has increased understanding of concepts of function, time, and whole-part relationships
May state function or use of objects in addition to their names
Understands more time concepts, including yesterday, last week, a long time ago
Matches dominoes and lotto cards
Comprehends one-to-one correspondence
Identifies number concepts two and three
Matches letter, shape, and number cards

Personal-Social Skills

Cuts easy foods with knife
Laces shoes
Buttons medium to small buttons
Toilets self, including cleaning and dressing
Distinguishes front and back of clothing
Washes face well
Hangs up coat
Engages zipper
Puts toys away, cleans up
Plays and interacts with other children with minimal friction
Dramatic play is closer to reality, with attention to detail, time, and space
Enjoys playing dress-up
Shows interest in exploring gender differences
Separates readily from mother
Uses play materials correctly
Attends well for stories
Enjoys being part of a group
Accepts responsibilities

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The Five-Year-Old

Motor Skills
Runs lightly on toes
Walks forward, sideways on balance beam
Can hop for six feet, six inches
Skips, alternating feet
Jumps rope
Skates
Cuts out simple shapes
Copies triangles
Traces diamond
Copies or writes first name
Prints numerals 1 to 5, and perhaps to 10
Colors within lines
Holds pencil properly
Hand dominance usually established
Pastes and glues appropriately
Copies model of square made with pegs
Awareness of own right and left sides emerging

Communication Skills
Comprehends quantitative adjectives, such as *pair, few, many*
Comprehends verb agreements: *is* and *are*
Occasional grammar errors still noted
Still learning subject-verb agreement and irregular past tense verbs
Language is essentially complete in structure and form, with correct usage of all parts of speech
Can take appropriate turns in a conversation
Communicates well with family, friends, or strangers
Reads by way of pictures
Answers questions directly
Relates fanciful tales in own words

Cognitive Skills
Retells story from picture book with reasonable accuracy
May name some letters and numerals
Counts 10 objects
Sorts objects by size, color, shape
Uses classroom equipment, such as scissors, meaningfully and purposefully
Uses time concepts of *yesterday, today,* and *tomorrow* accurately
Begins to relate clock time to daily schedule
Attention span increases noticeably; is less distractable
Learns through adult instruction as well as through exploration
Concepts of function improve, as well as understanding of why things happen
Completes a puzzle of a person divided into six parts
Imitates two-step triangle fold
Completes sequential block patterns, alternating two blocks of one color with one block of another color
Matches and sorts with paper and pencil, marking the one that does not belong

Personal-Social Skills
Dresses self completely, ties bow
Crosses street safely
Makes simple sandwiches
Can prepare bowl of cereal
Brushes teeth independently, can apply paste
Waters plants
Can make simple purchases
Can assist in making bed, setting table, sweeping
Chooses own friends, may show preference for playmates of the same gender and age
Plays simple table games
Plays competitive games and enjoys sports that require group participation
May be afraid of dogs, of the dark, that mother will not return
Self-centered, with own interests and actions taking precedence
Enjoys make-believe play

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LEVEL: GENERAL

GOAL: **#3** Be able to faciliate family establishment of a home environment that supports learning in young children.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will apply developmental milestones to plan appropriate materials and activities to support learning in the home, and will also adapt activities and materials for young children with disabilities.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Participants will work in a group to plan a list of materials or activities that would be developmentally appropriate for their assigned age child.	1. Handouts (G-H12) *How you can help* Handout (G-H13) *Choosing Toys for Your Children* Transparency (G-T14) *Appropriate Materials/Activities for three-year-olds* Transparency (G-T15) *Appropriate Materials/Activities for four-year-olds* Transparency (G-T16) *Appropriate Materials/Activities for five-year-olds*	1. Divide participants into groups of three or four people. Assign age level of 3, 4, or 5 to each group. Pass out Handouts (G-H12 and 13) to help group with tasks. List materials and activities generated by the groups on Transparencies. Be sure to note how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence your selection.
2. Small group activity Using Handout as a guide, participants will choose one of their activities from above and brainstorm possible accommodations they could make for children with disabilities.	2. Handout (G-H14) *Adaptations for Children With Disabilities*	2. Each small group will report to the large group the strategies they used to accommodate a child with disabilities.

HOW YOU CAN HELP

Age 2 to 3

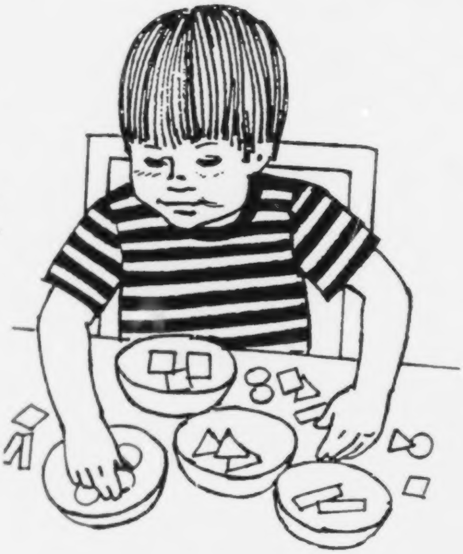
- To foster good language take your lead from your child's interest at the moment, respond to his questions and add to his information.
- Tell and retell favorite poems, nursery rhymes, and short stories with and without picture books; encourage his reciting familiar parts or adding his own ideas.
- Be ready to provide the "props" for make-believe play, including large cardboard cartons for stoves, store counters, buses, etc., and dress-up shoes, aprons, hats, and purses.
- Share musical experiences through your own singing and playing, or through records, radio, or television.
- Provide variety in materials for creative expression, such as finger paints, play dough, and large crayons; allow him to use blunt scissors.
- Encourage your child's natural interest in small details and in likenesses or differences found in toys and pictures by asking questions and adding comments.
- Provide play experiences with small groups of children where opportunities to be a leader or a followers will develop naturally.
- Let your child know with appropriate praise that you notice his accomplishments in building or drawing, or in mastering new skills in large muscle control, dressing, eating, and self-care.
- Be prepared to accept expressions of affection and of displeasure from your child as a natural part of growing up; hostile behavior or temper tantrums need firm handling.
- Be alert to repeated requests for assistance; respond to those where help is genuinely needed but discourage those which are used only to keep the caregiver close.

Reprinted with permission from: *How Does Your Child Grow and Learn? A Guide for Parents of Young Children* (1982) (p. 15) Missouri Department of Elementary and Secondary Education, Jefferson City, MO.

HOW YOU CAN HELP

Age 3 to 4

- Be sure your child has places and opportunities to try out his new motor skills of jumping, kicking, catching balls, etc.
- Set good language patterns for your child by using complete sentences with vocabulary aimed at or a little above his level of understanding.
- Spend time in conversation with your child alone, having him tell about his own experiences or about what he sees in pictures.
- Continue to arrange small play group experiences so your child will know how to take turns, share toys, and play cooperatively.
- Plan visits to interesting places where he can learn first-hand about other people, about animals, about how things are made, etc.
- Continue to provide a variety of art materials and opportunities to use them; sometimes provide simple patterns he can copy or from which he can create his own designs.
- Show your child how things that are alike in some way may be grouped together, using pictures from magazines or catalogs; group objects such as things with wheels, foods, clothing, furniture, etc.
- When your child wants to help you around the house, provide experiences for him to discover how some things are bigger, heavier, darker, warmer, etc.
- Help your child anticipate what comes next, what to expect, by telling him a few minutes beforehand to wash for meals, to put toys away for story time, to watch for the mailman, etc.
- Encourage your child in role playing where he acts out his impressions of various adult occupations, such as a bus driver, nurse, farmer, store clerk, teacher, etc.



Reprinted with permission from: *How Does Your Child Grow and Learn? A Guide for Parents of Young Children* (1982) (p. 15) Missouri Department of Elementary and Secondary Education, Jefferson City, MO.

HOW YOU CAN HELP

Age 4 to 5

- Be available as a resource person; for the questions he asks which you can't answer, don't hesitate to seek help from others — people in your neighborhood, community helpers, library books.
- Be sure your child gets to use his large muscles — playing catch, running and jumping, or playing on playground equipment; include opportunities to climb up and down stairs if your home doesn't have them.
- Encourage your child to dress himself completely without adult assistance by providing clothing he can handle.
- Share simple poems and songs with your child and encourage him to learn his favorites by heart.
- Be sure your child knows his full name and address; knowing his parents' names and his telephone number is also important as a safeguard should he get lost.
- Make sure your child has opportunities to develop school readiness behaviors such as sharing toys, taking turns, following simple directions carefully, and listening when others are talking.
- Stimulate your child's interest in the letters and words he sees regularly — food labels, street signs, in books and in his own name.
- Encourage his interest in paper and crayon activities, such as by showing him how his name looks when printed; praise his attempts to copy his name and write it from memory.
- Introduce numbers and number concepts in meaningful ways — counting out spoons for the table, noticing numbers on people's houses, noting when the hands of the clock say it's supper time, etc.
- Play simple card and board games, such as "Old Maid," "Animal Rummy," checkers, and dominoes, which involve listening to directions, following rules, counting, matching, and concentrating.

Reprinted with permission from: *How Does Your Child Grow and Learn? A Guide for Parents of Young Children* (1982) (p. 15) Missouri Department of Elementary and Secondary Education, Jefferson City, MO.

CHOOSING TOYS FOR YOUR CHILDREN

Today, some children have rooms that look like a branch of a local toy store. Others have parents who insist that all toys they buy must be "educational." Sadly, some children have few or no toys. The honest truth is that children do not need a lot of toys — and some of the toys that are the most "educational" are also the most fun.

How can parents choose toys for their children? Begin by asking two important questions:

Will your child play with it for more than a few minutes?

Will your child want to play with it more than once?

As you select toys for your child, you should consider the following:

There is no correlation between cost and use. Low-cost toys such as crayons and clay provide a lot of play value.

Many toys that children love don't cost any money at all — just some imagination. A cardboard tube from a roll of paper towels can become a rocket, a telescope, or a castle tower. An old bath towel can become a superhero's cape or a fairy princess' gown.

Age recommendations given by manufacturers are sometimes less than reliable. If your child attends preschool, look to see what toys he plays with. Watch the toys other children enjoy.

Some toys quickly attract children but do not have any lasting play value. Just because a toy is heavily advertised on Saturday morning television doesn't mean it's right for your child. The reason that toys like balls and blocks and bikes have been so popular for so long is because kids like to play with them.

Toys must be safe. That means they should be nontoxic, nonflammable, washable, have smooth edges, have no pins or buttons that can be removed, and no springs that can catch on fingers or hair. If you have any doubts about the safety of a toy, don't buy it.

Reprinted with permission from: Amundson, Kristen (1989) *Parenting Skills*, American Association of School Administrators, p. 12.

G-T14

APPROPRIATE MATERIALS/ACTIVITIES FOR 3 YEAR OLDS

APPROPRIATE MATERIALS/ACTIVITIES FOR 4 YEAR OLDS

G-T16

APPROPRIATE MATERIALS/ACTIVITIES FOR 5 YEAR OLDS

ADAPTATIONS FOR CHILDREN WITH DISABILITIES

Adaptations for Children with Significant Communication Deficits

- Observe, encourage, and respond to any forms of communication demonstrated by the child (pointing, gestures, vocalizations, eye gaze). Provide brief verbal labels or comments.

- Minimize your rate and frequency of conversation and limit questioning. Instead, provide short comments, labeling the child's actions (for example, you're painting, you're feeding the baby).

- Identify other children who may communicate and interact well with the child and facilitate opportunities for social interactions. Observe and facilitate interactions but do not be a key participant.

- Follow the child's lead by recognizing their focus on objects or actions; maintain the activities they select. Comment briefly about the actions.

- Initiate interactions that require minimal speech, and gradually introduce verbal activities in a play situation.

- Be patient and listen to the child as they attempt to communicate. Do not pretend that you understand if you do not. Warmly ask the child to try again.

- Try to use visual or contextual cues to help in understanding the child's speech. What is the child currently doing? Is there an object or activity the child is requesting? Observe the child's interests, actions, and environment for cues.

- Include family members who may understand the child's communication patterns in play activities. Observe those interactions. Ask family members for assistance in interpreting the child's sounds, gestures, or facial expressions.

- Ask the parents or other professionals (speech pathologist, teachers) to create a list of current words, gestures, facial expressions, or other systems used by the child to communicate. Ask that the list be written exactly as the child communicates (mo = more).

- Refer the child for a comprehensive communication evaluation by a speech pathologist trained to work with young children. Ask for concrete ideas and a play-oriented program with the speech pathologist.

- Develop a simple set of pictures through photographs of favorite people (family, classroom adults, peers), objects, foods, and activities. Use these with the child to provide a supplemental means of communication and to facilitate verbal naming of the photographs.

Adaptations for Children with Hearing Impairments

- Use your voice to gain the child's attention whenever possible. Lightly touch the child to signal the child to look and listen.
- Help the child learn to anticipate an auditory environment through use of pauses, cues, or quiet time before the next activity begins; prepare the child to listen.
- Use auditory signals in conjunction with all other possible cues, such as facial expressions, gestures, or pictures when appropriate.
- Sit closely, down at the child's physical level when speaking to the child. Attempt to speak at ear level.
- Speak using a normal conversational tone of voice, facing the child as you talk. Allow the child to see your expressions.
- Orient the child physically (through touch) and verbally to a relevant activity or conversation.
- Allow the child adequate time to process auditory and other environmental input.
- Model clear articulation and good language structure, using simple and clear phrases in sentences. Expand the child's language utterances.
- Do not use gestures in excess; only supplement words when necessary.
- Provide amplification systems for classrooms (FM units for child, adults, and peers or hearing aids) to maximize verbal and auditory cues.
- Decrease extraneous noise whenever possible to maximize relevant sounds.

Adaptations for Children with Visual Impairments

- Place objects at child's level and guide child to examine tangibly.
- Provide adequate lighting for child.
- Keep child's personal items (a coat) in an organized storage unit easily accessible to the child.
- For safety reasons, avoid keeping large pieces of equipment or furniture in transition or walk-through areas.
- Control extraneous noise during transition periods to enable children to hear and follow verbal directions.
- Provide additional tactile, auditory, and olfactory cues to materials as needed (puzzles may have "smelly stickers" added to pieces and their matching spaces so both sighted and visually limited children can use the same materials).
- Define work space, classroom areas, and personal space with cues as needed. Use brightly colored tape, "work trays," carpet squares, concrete objects, among other things.

Adaptations for Children with Motoric Difficulties of Multiple Handicaps

- Keep toys and materials in open shelves easily reached by children unable to stand and/or in wheelchairs.
- Provide adaptive seating to assure that children will be at equal height with other children.
- Use nonslip materials (dycem) to help secure materials for children who have difficulty.
- Arrange rooms to allow space for adaptive equipment, both in seated positions (wheelchairs, chairs, standing tables) and for mobility (wheelchairs, walkers).
- Enable children to use floor space or classroom tables so as not to isolate children by using wheelchair trays.
- Arrange increased communication levels to ensure ready accessibility for interactions with peers and adults.
- Whenever possible, demonstrate special techniques or use of equipment to peers to maximize opportunities for interactions.
- Use grips, velcro pieces and suction cups with build up handles to facilitate grasp of materials (for example, place suction cups on individual puzzles without knobs).

Adaptations for Children with Perceptual Motor Problems

- Give adequate time for completion of task.
- Give directions both orally and visually.
- Provide feedback frequently.
- Use materials that allow for manipulation of concrete objects (blocks, rods) instead of only paper or picture abstracts.
- Do not penalize for poor artistic or written skills — respond to ideas and concepts.
- Allow the child to use tape recorders when possible.
- Allow the child to speak while reading and writing.
- Include tracing in activities.
- Help child have a friend to go over directions or repeat visual information.
- Avoid frequent use of activities that require exact fine motor skills for success (for example, workbooks).
- Use auditory clues for reading comprehension.
- Help the child work without distractions.
- Use large crayons or pencils if helpful.

Reprinted with permission: *The Ohio Early Childhood Curriculum Guide* (1991) The Ohio Department of Education.

LEVEL: GENERAL

GOAL: #3 Be able to facilitate family in establishment of a home environment that supports learning in young children.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will respect the value of play to learning in a supportive home environment.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Participants will listen and reflect on "Play: A Gift From the Heart" and appreciate the value of play.	1. Transparency/Handout (G-T17) Play: *A Gift From the Heart*	1. Read Play: *A Gift From the Heart* Emphasize the last sentence.
2. Small group activity Exercise in which the participants take on the role of parents and communicate attitudes in different scenarios.	2. Transparency/Handout (G-T18) *Language of the Heart* Handout (G-H15) *Scenarios - Heartache or Heartsongs*	2. Transparency G-T18 may be given as a Handout or role played. Discuss how the parent can control the home environment by what they say. Assign each group a scenario. They must think of a response that would elicit a heartache and a heartsong. Each group will report their ideas to the entire group.

PLAY: A GIFT FROM THE HEART

“Hey, look what I made! A castle ’way up to the sky. I put lots and lots of leaves up on top — they can be flags. Hey, you want to play too? We can make a birthday cake — a great big birthday cake ’way up to the sky, with candles on top. There. I know ... let’s smash it down. You’re my friend, okay? Hey, look what we made!”

Play helps a child find out who he is or where she fits in. In fact, play is a child’s most important activity. Through play, children encounter their world and deal with it at their level. Through play, they learn logical thinking and problem-solving. They develop their senses and their muscles. They learn how to get along with each other. For a child, play is a more profound experience than most adults realize.

Reprinted with permission: Jasinek, D. and Ryan, P. B. (1989) *How to Build a House of Hearts*, Compcare Publishers, Division of Comprehensive Care, Inc., Minneapolis, MN.

G-T18

LANGUAGE OF THE HEART

Never underestimate the power of politeness.

Just by speaking courteously, you may be able to bring out the very best in people you live with. Give them a chance to talk. Listen patiently. And soften your voice. A soft voice can tame adult anger and smooth over teenage traumas.

As for little children — they love whispers. Stooping down to their level and looking directly into their eyes can make the difference between heartaches and heartsongs.

HEARTACHES	**HEARTSONGS**
You didn't stay inside the lines	That's special. I can see that you worked hard.
Look how dirty you are!	Looks like you had fun today.
What's that supposed to be?	I like black.
NO!	Let's talk about that before we decide
Get over here right now!	I need you with me.
I TOLD YOU SO.	That was harder than you thought.

Reprinted with permission from: Jasinek, D. and Ryan, P. B. (1989) *How to Build a House of Hearts*, Compcare Publishers, Division of Comprehensive Care, Inc., Minneapolis, MN.

SCENARIOS
HEARTACHES OR HEARTSONGS

1. Four-year-old Sara is eating breakfast. The bus will be coming in 10 minutes. She spills her juice while reaching for the cereal.

   What could you say that could cause a heartache?
   Heartsong?

2. Three-year-old Kenny wants to help his father wash the car. He accidentally squirts his father with the hose.

   What could you say that could cause a heartache?
   Heartsong?

3. Five-year-old Christi is drawing with crayons. She scribbles through her picture and says "I can't draw."

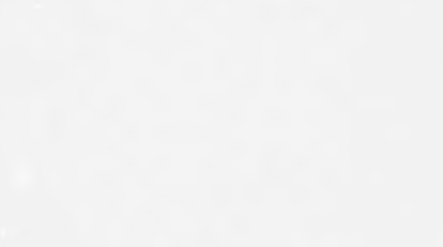
   What could you say that could cause a heartache?
   Heartsong?

4. Five-year-old Johnny comes home from school. When asked about his day he begins to cry and says, "Nikki doesn't like me."

   What could you say that could cause a heartache?
   Heartsong?

GOAL 4

Family Collaboration



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LEVEL: GENERAL

GOAL: **#4** Identify available programs and resources that support the needs of children and families.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will know how to access available resources and programs supporting the needs of children and families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Leader will define and provide examples of programs and supportive resources for families and children.	1. Transparency/Handout (G-T19) *Resources: Informal/Formal*	1. Discuss meaning of categories on the *Available Resources* Transparency and the *Informal/Formal Resources* Transparency.
2. Large group activity Participants will generate and record a list of available resources with which participants are familiar. Participants will share and discuss programs and supportive resources they have compiled. a. Discuss how each program or resources supports needs of family.	2. Transparency/Handout (G-T20) *Available Resources* *Handout (G-H16) Personal Information Sheet*	2. Participants will use *Available Resources* Handout to record list. Leader will categorize on a flip chart or overhead the programs and resources they have compiled. Suggest to the participants that they might want to record information on the *Personal Information Sources.*
3. Large group activity Leader will provide information on Ohio programs and supportive resources. Have participants suggest ways to make resources available to parents.	3. Handout (G-H17, 18, 19, 20 and 21) *Federally Funded Parent Organizations in Ohio* *National Resources for Parent Programs* *Ohio Resources for Parent Programs* *Other Resources* *Training Ohio's Parents for Success* (TOPS)	3. Review Handouts on support programs and resources. Highlight *Ohio Coalition for the Education of Handicapped Children* and *TOPS.* Brainstorm strategies for making information and resources available to families. *Note how information will be provided to families that come from different cultural backgrounds (e.g. families who do not speak English, cannot afford telephones, or are unable to read or write).

RESOURCES

INFORMAL	FORMAL
(Enables individuals to meet personal needs)	(Organized in structure)
Spouse	Local Level
Family	State Level
Friends	Regional Level
Co-Workers	National Level
Neighbors	
Religious Affiliations	
Member of Social Club	

G-T20

AVAILABLE RESOURCES

DIRECTIONS: List local resources with which you are familiar. Share with others to develop complete list of community resources.

COMMUNITY AGENCIES (PRIVATE/PUBLIC)

PROGRAMS

FUNDING RESOURCES

COMMERCIAL PROGRAMS

FAMILY RESOURCES

PEOPLE RESOURCES

Adapted from Maria Sargent, Kent State University (1990).

G-H16

PERSONAL INFORMATION SOURCES

TOPIC	SOURCES I HAVE	SOURCES TO INVESTIGATE

Adapted from Maria Sargent, Kent State University (1990).

FEDERALLY FUNDED PARENT ORGANIZATIONS IN OHIO

TRI-STATE ORGANIZED COALITION
FOR PERSONS WITH DISABILITIES
SOC Information Center
3333 Vine Street, Suite 604
Cincinnati, Ohio 45220
(513) 861-2475

OHIO COALITION FOR THE EDUCATION
OF HANDICAPPED CHILDREN
933 High Street, Suite 106
(614) 431-1307
Director: Margaret Burly

NATIONAL RESOURCES FOR PARENT PROGRAMS

NaDSAP
National DIRECTION Services
Assistant Project (NaDSAP)
The National Parent CHAIN
933 High Street, Suite 106
Worthington, OH 43085
(614) 431-1307

NaDSAP is a technical assistance project aimed at helping states design, develop, and implement statewide systems of DIRECTION services.

STOMP
Specialized Training of Military
Parents (STOMP)
Georgia/ARC
1851 Ram Runway, Suite 104
College Park, GA 30337
(404) 767-2258

Specialized Training of Military
Parents (STOMP)
12208 Pacific Highway, SW
Tacoma, WA 98499
(206) 588-1741

STOMP provides information and training to military families with children who have special educational needs. The project assists parents in networking within the military and civilian community. Services are provided to families both in the United States and overseas.

TAPP

Technical Assistance for Parent
Program (TAPP)
312 Stuart Street, 2nd Floor
Boston, MA 02116
(617) 483-2915

TAPP provides technical assistance for programs that work with parents of children with disabilities. Technical assistance is provided through the following four regional centers.

New Hampshire Parent Information
Center (PIC)
155 Manchester Street
P.O. Box 1422
Concord, NH 03301
(603) 224-6299

Parent Advocacy Coalition for
Educational Rights (PACER)
4826 Chicago Avenue, South
Minneapolis, MN 55417-1055
(612) 827-2966

Parents Educating Parents
Georgia/ARC
1851 Ram Runway, Suite 104
College Park, GA 30337
(404) 761-2745

Parents Advocating Vocational
Education
6316 S. 12th Street
Tacoma, WA 98645
(206) 565-2266

OHIO RESOURCES FOR PARENT PROGRAMS

Programs for Infants and Toddlers With Handicaps: Ages Birth Through 2

Ohio Department of Health
Div. of Maternal and Child Health
131 N. High Street, Suite 411
Columbus, OH 43215
(614) 644-8389

Programs for Children With Handicaps: Ages 3 Through 5 Served in Public Schools

Ohio Department of Education
Jane Wiechel, Director
Karen Sanders, Consultant
Mary Lou Rush, Consultant
Division of Early Childhood Education
65 S. Front Street, Room 202
Columbus, OH 43266-0308

Programs for Children With Special Health Care Needs

Ohio Department of Health
Division of Maternal and Child Health
246 N. High Street
Columbus, OH 43266-0308
(614) 466-3263

Programs for Children With Handicaps: Birth to Five Served in County Boards of MR/DD

Ohio Department of Mental Retardation and Developmental Disabilities
Office of Children's Services
30 E. Broad Street, Room 1275
Columbus, OH 43215
(614) 466-7203

Client Assistance Program

Governor's Office of Advocacy for People With Disabilities
Client Assistance Program
8 E. Long Street, 7th Floor
Columbus, OH 43215
(614) 466-9956

State Vocational Rehabilitation Agency

Rehabilitation Services Commission
400 E. Campus View Boulevard
Columbus, OH 43235
(614) 438-1210

State Mental Health Representative for Children and Youth

Ohio Department of Mental Health
Bureau of Children's Services
30 E. Broad Street, 11th Floor
Columbus, OH 43215
(614) 466-2337

State Developmental Disabilities Planning Council

Ohio DD Planning Council/
Department of MR/DD
Developmental Disabilities Program
8 E. Long Street, 6th Floor
Columbus, OH 43215
(614) 466-5205

Protection and Advocacy Agency

Ohio Legal Rights Service
8 E. Long Street, 6th Floor
Columbus, OH 43215
(614) 466-7264
(800) 282-9181 (in Ohio)

State Education Agency Rural Representation

Ohio Department of Education
Division of Special Education
933 High Street
Worthington, OH 43085
(614) 466-2650

OTHER RESOURCES

For People With Disabilities

AUTISM

Ohio State Society
Autism Society of America
OSU, 320 10th Avenue
Columbus, OH 43212
(614) 292-3881

CEREBRAL PALSY

United Cerebral Palsy of Ohio
P.O. Box 14780
Columbus, OH 43214
Telephone N/A

EPILEPSY

Epilepsy Association of Central Ohio
144 E. State Street, 2nd Floor
Columbus, OH 43215
(614) 228-4401

LEARNING DISABILITIES

Ohio Association for Children with Learning Disabilities
2800 Euclid Avenue, Suite 125
Cleveland, OH 44115
(216) 861-6665

MENTAL RETARDATION

Executive Director
Ohio Association for Retarded Citizens
360 S. Third Street, Suite 101
Columbus, OH 43215
(614) 228-4412

MENTAL HEALTH

Director
Mental Health Association of Ohio
50 W. Broad Street, Suite 2440
Columbus, OH 43215
(614) 221-5383

SPEECH AND HEARING

Ohio Speech and Hearing Association
9331 S. Union Road
Miamisburg, OH 45342
(513) 866-4972

SPINA BIFIDA

Spina Bifida Association
Ohio State Coalition
3675 Dragonfly Drive
Columbus, OH 43204
(614) 276-0959

University Affiliated Programs

University Affiliated Cincinnati Center
for Developmental Disabled
Pavilion Building
Elland and Bethesda Avenues
Cincinnati, OH 45229
(513) 559-4623

The Nisonger Center
The Ohio State University
McCampbell Hall, 11581 Dodd Drive
Columbus, OH 43210-1205
(614) 292-8365

Parent Training Information Projects

Margaret Burley, Executive Director
Ohio Coalition for the Education of
933 High Street, Suite 106
Worthington, OH 43085
(614) 431-1307

Tri-State Organized Coalition for
Persons with Disabilities (SOC)
106 Wellington Place, Lower Level
Cincinnati, OH 45219
(513) 381-2400

G-H21

TRAINING OHIO'S PARENTS FOR SUCCESS (TOPS)

Training Ohio's Parents for Success (TOPS) is a program for increasing parent involvement in the education of their children. TOPS is designed for the preschool level through high school and provides experiences for parents that enables them to create a positive environment for the learning and development of their children. Funded through an Ohio Department of Education Grant, TOPS is a program to help school districts provide training in effective parenting skills. TOPS training focuses on six content areas:

1. Understanding Human Growth and Development
2. Communication Between the Child and the Parent
3. Discipline
4. Health and Nutrition
5. Problem Solving and Decision Making
6. Study Skills and Access to Support Systems

For more information about TOPS, contact your local school district or the Ohio Department of Education, Division of Educational Services, 65 S. Front Street, Room 719, Columbus, OH 43226 (614) 466-4590.

LEVEL: GENERAL

GOAL: **#4** Identify available programs and resources that support the needs of children and families.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will identify available programs and resources.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Participants will identify potential needs of families and their children.	1. Transparency/Handout (G-T21) *Potential Family Needs*	1. Present Transparency or *Potential Family Needs* and have participants add to list. Discuss need for parent advocate. Discuss how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence the need for parent advocacy and parents' feelings about advocacy.
2. Large group activity Participants will understand the importance of a "family focused" support system.	2. Transparency/Handout (G-T22) *Family Directed Support*	2. Present Transparency of *Family Directed Support* and discuss.
3. Large group activity Have participants match agency by initials to their proper name, i.e., C.A.C. - Community Action Commission.	3. Transparency/Handout (G-T23 and 24) *Alphabet Soup Programs: Part II,* from *Family Ties.*	
	Supplemental Resources Dunst, C. J. and Deal, A., "A Family Assessment and Intervention Model for Developing Individualized Family Support Systems."	

POTENTIAL FAMILY NEEDS

1. Respite Care
2. Child Care
3. Ophthalmologist
4. Early interventionist to assess current eating skills.
5.
6.
7.
8.
9.
10.

FAMILY DIRECTED SUPPORT

1. Family members need to be treated as competent individuals who have capability of making their own choices.
2. Enable families to build on their strengths instead of focusing on deficits.
3. Focus on families' competencies to make healthy life choices instead of trying to remediate and fix the child/family.
4. Treat families as partners rather than clients, who can choose what support systems and resources they believe they need.
5. Broaden the scope of the families' support systems to encompass the diverse needs of families and have an awareness of cultural differences.
6. Facilitate the participation of families in community support systems that provide integration into the mainstream of society.

Adopted from: Dunst, C. J. and Deal, A. (1989) Draft. "A Family Assessment and Intervention Model for Developing Individualized Family Support Systems."

ALPHABET SOUP PROGRAMS

HAVE YOU HEARD OF THESE PROGRAMS? WHO ARE THEY FOR AND WHAT DO THEY DO?

SSI

HHS

YWCA

SERRC

WIC

FSA

BVR

CAC

MR/DD

CSB

ARC

HEALTHCHECK

CMH

ADC

RSC

BSVI

Reprinted with permission from: *Family Ties*, the Ohio Coalition.

G-T24

ALPHABET SOUP PROGRAMS
PART II

1. WIC
2. HEALTHCHECK
3. SSI
4. CMH
5. HHS
6. CSB
7. MR/DD
8. ADC
9. YWCA
10. BVR
11. SERRC
12. ARC
13. CAC
14. RSC
15. BSVI
16. FSA

A. Mental Retardation and Developmental Disabilities

B. Aid to Families with Dependent Children

C. Bureau for Services for the Visually Impaired

D. Women, Infants, and Children

E. Young Women's Christian Association

F. Bureau Vocational Rehabilitation

G. Community Action Committee (Headstart)

H. Supplemental Security Income

I. Community Mental Health

J. Early Periodic Screening, Diagnosis, and Treatment

K. Family Service Association

L. Association for Retarded Citizens

M. Rehabilitation Services Commission

N. Special Education Regional Resource Center

O. Children's Services Board

P. Health and Human Services

Can you think of other alphabet soup programs?

Reprinted with permission from: *Family Ties*, the Ohio Coalition.

LEVEL: GENERAL

GOAL: **#4** Identify available programs and resources that support the needs of children and families.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will appreciate the importance of a "family centered" approach to accessing programs and resources.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Provide approaches to participants which empower families to take responsibility for accessing their own programs. a. Small group activity Participants will generate a list of barriers that frustrate families in accessing resources and programs and provide strategies to overcome these barriers. b. Large group activity Present and discuss the concept of Family-Centered Approach vs. Agency-Centered. c. Large group activity Present and discuss the concept of "Family Resource Programs."	1. Transparency/Handout (G-T25, 26, 27, 28 and 29) *An Ancient Chinese Proverb* *Resources: Barriers/Strategies* *Child-Centered Approach* *Child/Parent Training* *Family-Centered Approach* Handout (G-H22 and 23) *Aims of Family Resource Programs* *Six Principles of Family Resource Programs that Strengthen and Support Families* **Supplemental Resources** Dunst, C. J., Trivette, C. M., Davis, M. and Weeldryer, J. C. "Enabling and Empowering Families of Children With Health Impairments. Dunst, C. J., Trivette, C. M. and Thompson, R. B. "Supporting and Strengthening Family Functioning: Toward A Congruence Between Principles and Practice." Anderson, Penny P. and Fenichel, Emily S. (1989) "Serving Culturally Diverse Families of Infants and Toddlers With Disabilities."	1. Present *An Ancient Chinese Proverb* Transparency and relate it to "parents as decision makers." Present and discuss Transparencies on the *Child-Centered, Child/Parent Training,* and *Family-Centered Approach.* Compare and contrast differences and stress the importance of using *Family-Centered Approach.* Highlight and discuss the following concepts, using the Handouts on: *Aims of Family Resource Program* and *Six Principles of Family Resources Programs that Strengthen and Support Families.* Note how diversity issues might influence this process.

G-T25

"TELL ME,

I FORGET.

SHOW ME,

I REMEMBER.

INVOLVE ME,

I UNDERSTAND."

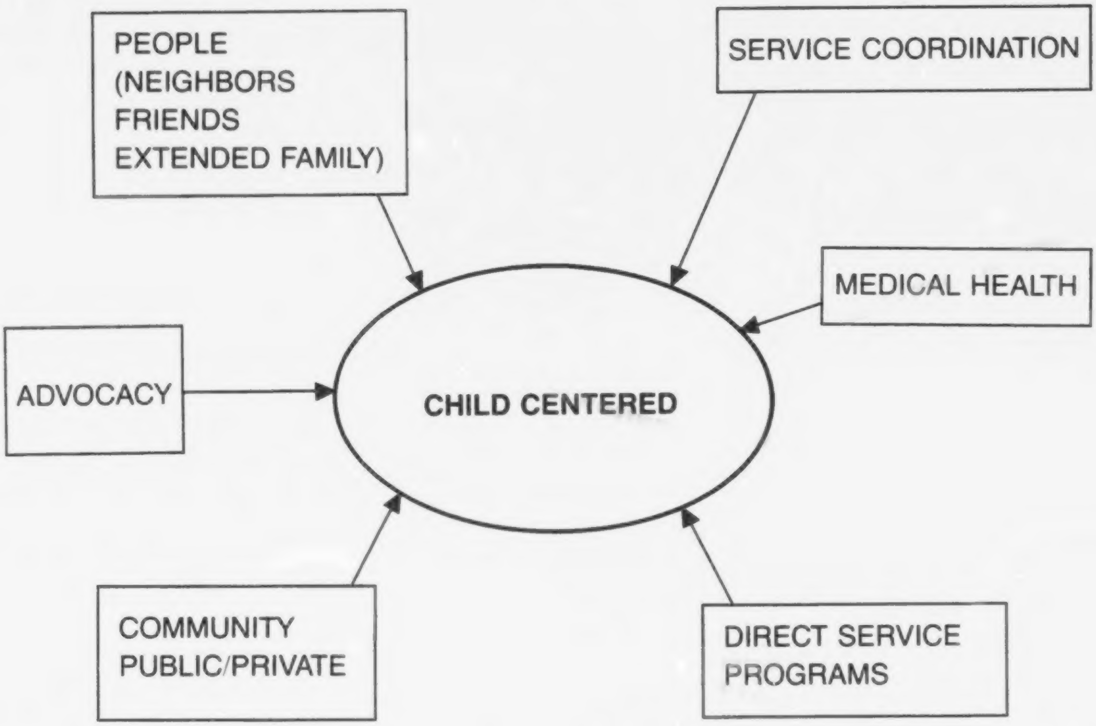
An Ancient Chinese Proverb

Found in "A Family-Centered Assessment and Intervention Model for Developing Individualized Family Support Plans" by Carl J. Dunst, Ph.D. and Angela G. Deal, M.S.W. (1990-Draft).

RESOURCES

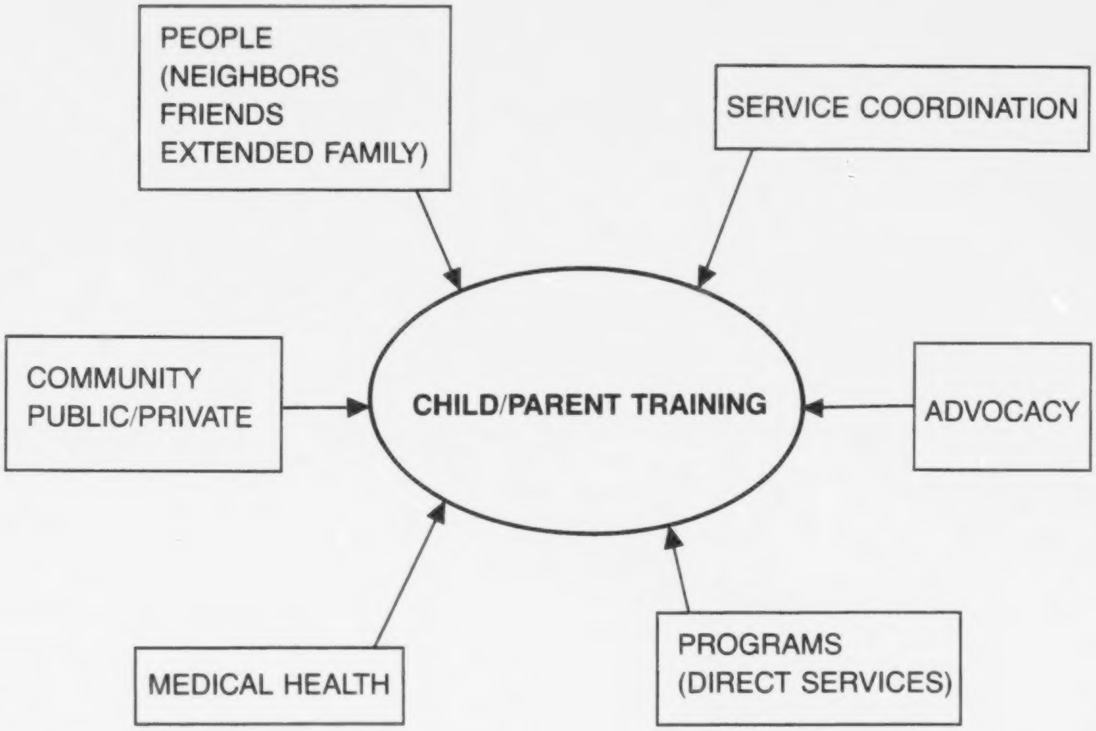
BARRIERS	STRATEGIES

G-T27


PEOPLE
(NEIGHBORS
FRIENDS
EXTENDED FAMILY)
SERVICE COORDINATION
MEDICAL HEALTH
ADVOCACY
CHILD CENTERED
COMMUNITY
PUBLIC/PRIVATE
DIRECT SERVICE
PROGRAMS

*Emphasis on meeting child's needs. Parents have little opportunity for deciding what they need. Professionals/ paraprofessionals decide what the child needs.

Adapted from: (1989) Dunst, C. J. "A Plea for Parsimony in Implementation of Family-Centered Early Intervention Practices." *Assessment and Intervention Practices,* Volume 1, No. 1 and (1989) Lenhart, Sherry and Jackson, J. *Overview: Family-Centered Coordinated Service Coordination.*



PEOPLE (NEIGHBORS FRIENDS EXTENDED FAMILY)

SERVICE COORDINATION

COMMUNITY PUBLIC/PRIVATE

CHILD/PARENT TRAINING

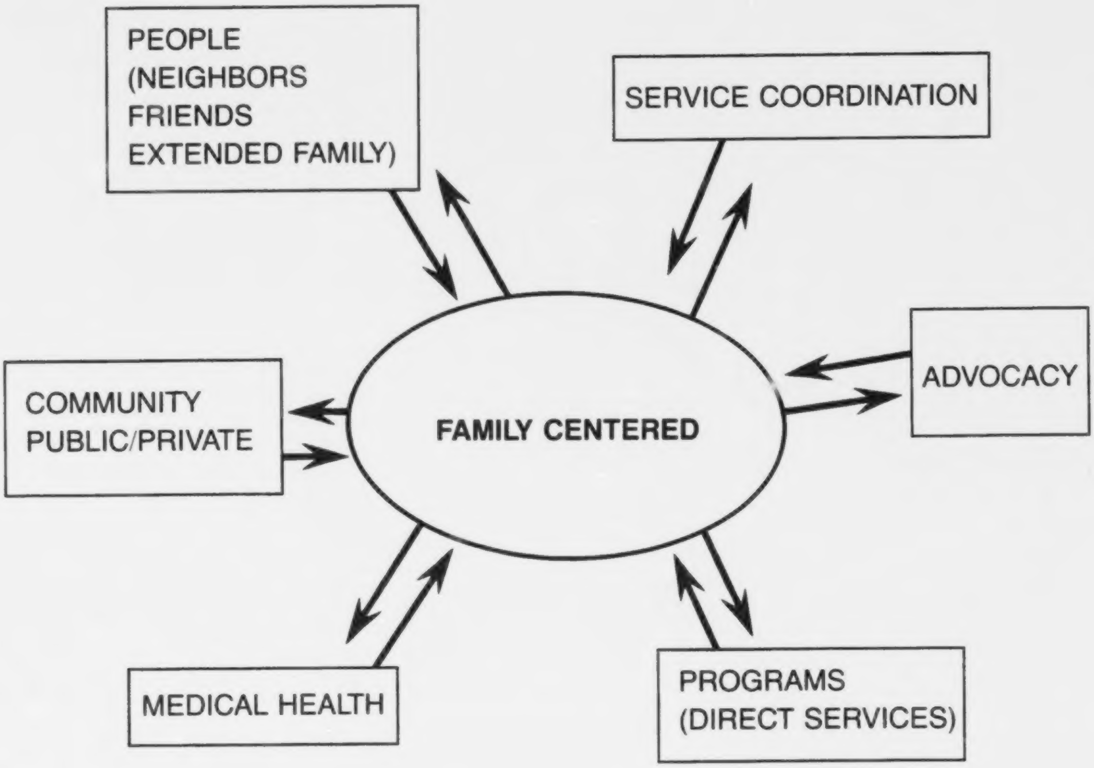
ADVOCACY

MEDICAL HEALTH

PROGRAMS (DIRECT SERVICES)

*Needs of family are considered, but only those related to the development of their child. Needs are met by providing some sort of parent training.

Adapted from: (1989) Dunst, C. J. "A Plea for Parsimony in Implementation of Family-Centered Early Intervention Practices." *Assessment and Intervention Practices,* Volume 1, No. 1 and (1989) Lenhart, Sherry and Jackson, J. *Overview: Family-Centered Coordinated Service Coordination.*



PEOPLE
(NEIGHBORS
FRIENDS
EXTENDED FAMILY)

SERVICE COORDINATION

COMMUNITY
PUBLIC/PRIVATE

FAMILY CENTERED

ADVOCACY

MEDICAL HEALTH

PROGRAMS
(DIRECT SERVICES)

*Needs of children, family members, and family itself are the focus, and thus enables and empowers families to identify their own needs and find the resources to meet these needs.

Adapted from: (1989) Dunst, C. J. "A Plea for Parsimony in Implementation of Family-Centered Early Intervention Practices." *Assessment and Intervention Practices,* Volume 1, No. 1 and (1989) Lenhart, Sherry and Jackson, J. *Overview: Family-Centered Coordinated Service Coordination.*

SIX PRINCIPLES OF FAMILY RESOURCE PROGRAMS THAT STRENGTHEN AND SUPPORT FAMILY FUNCTIONING

Dunst, C. J. (1989) and Dunst, C. J., Trivette, C. M. and Thompson, R. B. (1990)

1. **Enhance a sense of community.**

   Professionals and families pursue goals that encourage each individual to rally together around shared values and a common concern for all members of the community.

2. **Mobilizing resources and supports.**

   Professionals and paraprofessionals recognize and appreciate the importance of informal support systems as resources for families, e.g., friends.

3. **Shared responsibility and collaboration.**

   Professionals and families share ideas, knowledge, and skills which encourage parent/professional partnerships and collaboration instead of "client-professional relationship."

4. **Protecting family integrity.**

   Professionals and paraprofessionals are culturally sensitive to family value systems and beliefs (e.g., avoiding eye contact out of respect).

   Professionals and paraprofessionals need to learn about cultures in their region and what the parameters of each culture is, e.g., Jehovah Witness, Navaho Indians, Asian Americans, African Americans, and Hispanic and how they affect the families' participation in Family Resource Programs.

   Professionals and paraprofessionals need to redefine definitions of what constitutes a family, which can differ from culture to culture (1989) Anderson, P. P. and Fernichel, E. S.

   Is there an extended family? Are there step-parents, single parents, boyfriend, etc.?
   What is the family hierarchy and how does it affect child-rearing practice?
   Who serves as the traditional leader, family nurturer? (1989) Anderson, P. P. and Fernichel, E. S.
   What are the discipline practices in the home? (1989) Anderson, P. P. and Fernichel, E. S.
   What are the culture beliefs and practices concerning health, illness, disability? (1989) Anderson, P. P. and Fernichel, E. S.

G-H22

AIMS OF FAMILY RESOURCE PROGRAMS

The goals of Family Resource Programs are to:

> "enable and empower people by enhancing and promoting individual and family capabilities that support and strengthen family functioning."
> (1990, Dunst, Trivette, and Thompson, p. 4)

The premise is that all families have strengths.

1. Instead of providing direct services to families, professionals, and paraprofessionals, faciliate families in making choices of resources and support programs that will help their children grow and develop to their potential.

2. Professionals and paraprofessionals facilitate families to become more capable and competent.

3. Professionals and paraprofessionals provide strategies to families that strengthen individual and family functioning.

Adapted from: Dunst, Carl J., Trivette, Carol M. and Thompson, Rebekah B. (1990) "Supporting and Strengthening Family Functioning: Toward a Congruence Between Principles and Practice." *Prevention in Human Services*, 9 (1) in press.

5. **Strengthening family functioning.**

   Provide opportunities and experiences that enhance families and its members to master a wide range of developmental tasks and functions instead of focusing on deficits.

6. **Human service practices.**

   There are three Human Service Intervention Models:

   A. **Treatment Approach** (corrective) — Focus is on remediation or reduction of problem. Goal is to minimize negative effects of problem (deficit-based). Child-Centered Approach.

   B. **Prevention Approach** (protection) — Occurs prior to onset of problem disorder. Goals are to deter or reduce occurrence of incidence (weakness-based). Parent/ Training Based Approach.

   C. **Promotion Approach** — Focus is on enhancing and optimizing positive (growth-enhancing) functioning of family and children. Provides strategies for developing competence and capabilities of families to help them make decisions about supportive programs and resources. It is a *proactive* approach and strength-based approach. (1990) Dunst, C. J., Trivette, C. M. and Thompson, R. B. Family-Centered Approach.

Instead of correcting deficits, families are able to cope with difficult life events and achieve both growth-oriented and personal goals.

Families develop high levels of self-esteem and believe they can solve their own problems and respond to life events independently if provided with support programs and informal and formal resource options.

Family Collaboration

GOAL 5

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LEVEL: GENERAL

GOAL: **#5** Be aware of available related services that support the needs of children and families.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will be able to identify/access related services supporting the needs of children and families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Participants will learn the definitions of related services. a. Leader will discuss definitions of related services as found in the *Rules For the Education of Preschool Children With Disabilities Served by Public Schools and County Boards of Mental Retardation and Developmental Disabilities* (Chapter 3301-31).	1. Transparency/Handout (G-T30, 31, and 32) *Related Services Definitions* 3301-51-05 *Related Services for Handicapped Children* *List of Related Services* Handout (G-H24) *Related Services Roles*	1. Leader will ask group to generate a list of related services and definitions. Leader will discuss the implications of the *Rules.* Point out that not all related services would be necessary. Determined by multifactored evaluation and IEP Team.
2. Leader will define roles of related services that might be needed for preschool children.		2. Leader may want to provide examples of disabilities that would create a need for particular related services (e.g., OT/PT will probably be needed by student with physical disabilities).

"RELATED SERVICES"

UU. "RELATED SERVICES" means transportation and such developmental, corrective, and other support services as are required to assist a handicapped child to benefit from special education and includes those services described in rule 3301-51-05 of the Administrative Code, and Chapter 3301-31 of the Preschool Rules for Children With Disabilities.

From: **Rules for the Education of Handicapped Children.**
(3301-51-01 DEFINITIONS. UU., p. 10)

See: **Rules for the Education of Preschool Children.**
(301-31-05, Funding, E., 1-9, pp. 11-15)

3301-51-05 RELATED SERVICES FOR HANDICAPPED CHILDREN

[RELATED SERVICES] "may also include other developmental, corrective, or supportive services, such as counseling services, recreation, school health services, and parent counseling and training, if they are required to assist a handicapped child to benefit from special education"
(Paragraph a.2. in the **Administrative Code**).

See: **Rules for Preschool Programs, Chapter 3301-37.**
(301-31-05 Funding, E., 1-99, pp. 11-15)

The following “Related Services” may be provided in accordance with Rule 3301-51-05 of the **Administrative Code** and the Rule 301-31-05 for **Preschool Rules**

Attendant Services

Guide Services

Medical Services

Orientation and Mobility Services

School Psychological Services

Vocational Special Education Coordinator Services

Work Study Service

Aide Services

Audiological Services

Interpreter

Occupational Service

Reader Services

Supervisory

RELATED SERVICE ROLES

ATTENDANT SERVICES

The attendant assists the orthopedically and/or other health handicapped or multihandicapped child with personal health care needs within the confines of the educational setting.

AIDE SERVICES

An aide assists the teacher or professional in center or a special class/learning center or in other areas of handicap which require the provision of special education or related services.

AUDIOLOGICAL SERVICES

An audiologist conducts screening and diagnosis of hearing problems and makes appropriate referrals to medical and other professional specialists. Other services include providing habilitative activities such as auditory training, speech reading (lip reading) and counseling to pupils, parents, and teachers regarding the child's hearing loss. The audiologist is also responsible for determining the child's need for group and individual amplification, providing for the selection and fitting of an appropriate hearing aid, evaluating the effectiveness of amplication, and creating and coordinating conservation of hearing programs.

GUIDE SERVICES

A guide for a visually handicapped child will be responsible for assisting the visually handicapped child in his or her travels within the confines of the educational setting.

INTERPRETER SERVICES

The interpreter is responsible for providing oral, simultaneous or manual interpreter services, depending upon the individual needs of the children served, to hearing handicapped children.

MEDICAL SERVICES

"School districts shall make available, at no cost to the parent, a medical evaluation as is necessary to determine initial or continued eligibility for special education and related services as required by the eligibility section for such handicapping condition of the Administrative Code." (3301-51-05, H. 1., p. 79 in the Administrative Code).

OCCUPATIONAL THERAPY SERVICES

The occupational therapist (OT) provides an occupational therapy evaluation, assists in the development of the individualized education plan, and provides therapy which will 1) improve, develop, or restore functions impaired or lost through illness, injury, or deprivation; 2) improve ability to perform tasks for independent functioning when functions are impaired or lost; and 3) prevents, through early intervention, initial or further impairment or loss of function. Included in this are eye-hand coordination, visual-motor perception, and skills for daily living.

ORIENTATION AND MOBILITY SERVICES

The orientation and mobility instructor provides an orientation and mobility evaluation, assists in the development of the individualized education plan, orients handicapped children to their physical, cultural, and social environment, and provides those children with an understanding of their environment and with formalized skills for daily living.

PHYSICAL THERAPY SERVICES

The physical therapist (PT) provides therapeutic exercise plans which are designed for each individual child to improve or maintain strength and/or range of motion and to encourage motor and reflex development. Each individual therapy plan is based on the physician's prescription and the therapist's evaluation of the child. The PT may recommend adaptive equipment to aid the child in performing ambulation, physical exercise, communication skills, wheelchair activities, and proper positioning.

READER SERVICES

The reader provides services for visually handicapped children, which includes reading orally the school assignments for the visually handicapped child for whom this service is deemed appropriate.

SCHOOL PSYCHOLOGICAL SERVICES

The school psychologist provides intensive psycho-educational evaluation of individual children identified as or thought to be handicapped, contributes to the written report of the evaluation team, and clarifies the results of the psycho-educational evaluation for consideration in the development of the IEP, contributes to a multifactored evaluation, consults with teachers, parents, and other educators on matters relating to the education and/or mental health of handicapped children to insure the provision of the most appropriate education program, and provides counseling individually and in groups with handicapped students and/or their parents.

SPEECH AND LANGUAGE SERVICES

The speech-language pathologist conducts screening, diagnosis, and treatment of children with communication disorders. The speech-language pathologist must conduct a multifactored evaluation that includes, but is not specific to, evaluations in the following areas:

1) Communicative Status
2) Hearing
3) Educational Functioning

The speech-language pathologist is also responsible for referral for medical or other professional attention necessary for the habilitation of speech and language handicaps, providing speech and language services for the habilitation or prevention of communicative handicapped, and providing counseling and guidance to parents, children, and teachers regarding speech and language handicapped.

LEVEL: GENERAL

GOAL: **#5** Be aware of available related services that support the needs of children and families.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will develop an understanding of how to link families with appropriate related services.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Leader will assemble a panel of related service personnel who will provide information regarding supportive resources and related services.	1. Panel will consist of six to eight people who represent a cross-section of related service personnel or other individuals who have knowledge of related service roles. A parent could also serve on this panel.	1. Leader will lead a question and answer period after the panel members have presented information on their roles. Leader might facilitate panel members in discussing *how* to access related services and encourage discussion on ways to enable parents *when* to seek help and *where* to seek help. Panel members might include a speech and language pathologist, an occupational therapist, a physical therapist, work study supervisor, orientation and mobility therapist, and a psychologist.

LEVEL: GENERAL

GOAL: **#5** Be aware of available related services that support the needs of children and families.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the importance of empowering families to take on the responsibility of accessing related services and choosing the appropriate one.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Brainstorm strategies/barriers that enable/ prevent families to take responsibility for accessing related service.	1. Transparency/Handout (G-T33) *Barriers/Strategies* Handout (G-H25) *Barriers to Seeking and Getting Support*	1. Leader will list *Barriers/Strategies.* Transparency G-T33 Some examples might include: guilt and anger anxiety marital stress relatives
2. Discuss strategies that can enable families to overcome these barriers.	2. Transparency/Handout (G-T34) *Guidelines for Enabling and Empowering Families*	2. Write strategies on G-T33. Discuss *Barriers to Seeking and Getting Support.* Emphasize the culture barriers that might prevent families from accessing related services, (e.g., religious beliefs, transportation.) Be sure to consider issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) related to strategies for empowering families.

G-T33

RELATED SERVICES

BARRIERS

STATEGIES

G-H25

BARRIERS TO SEEKING AND GETTING SUPPORT

ISOLATION the feeling that:

I am alone and "I" am the only one that has felt like this.
No one else has ever experienced what I am experiencing.
There isn't anyone to help me.
My problems are different from those of others.
You are weak if you ask for help.

DENIAL OF DISABILITY the feeling that:

My child will outgrow this.
Why should I go to that support group — he's O.K.
Others think that he will outgrow it — maybe there's been a mistake.

EXTREME SENSE OF RESPONSIBILITY the feeling that:

This is my responsibility. I am an adult, I should be able to handle it.
I don't want to force my responsibilities on other people.
I don't want to burden others. My child/family situation is a burden that others shouldn't have to deal with.
No one else can do it but me.

BELIEF THAT OTHERS DON'T WANT TO HELP

Others don't want to hear about my problems. They have enough of their own.
Others don't really want to know or they would ask me more.
Others don't want to be bothered. They don't really care.
I don't want to infringe on other people's lives.
Others get too upset when they hear about my problems. They can't deal with my problems.
Others don't know enough to help, so I don't trust them.

NEED TO BE A "PERFECT" PARENT

I wanted these kids. I should adore and take care of them.
I should be able to cope with my own children. I should be able to handle anything and everything.
My children need me. No one else is as good at dealing with them. No one can love or protect them the way that I can.

LACK OF ENERGY OR STRENGTH TO SEEK HELP

It's too complicated to find and use a support system. It's easier to just do everything myself.
I'm too tired to bother. I'll just let it go.
It takes so much energy to explain my situation to others.

UNSURE WHERE TO LOOK OR WHO TO BELIEVE

I don't have the faintest idea who could help me with this. I don't know where to turn.
Everyone tells me something different. I don't know which support is right.

LACK OF INFORMATION

I don't even know what questions to ask.
How do I begin to build my knowledge?
Who can help — is this part of my development?

LACK OF SELF-ESTEEM

I asked for support and was rejected — I won't chance that again.
I'm overwhelmed. My emotions are different and changeable.
I don't feel good about myself.

FEAR OF REJECTION OR REFUSAL

Even if I get my courage up, they'll just refuse. I don't want to be hurt when they refuse.
I don't want to be "put to the test." I don't want to subject my friends and family to "that kind of scrutiny."
I don't want to find out who doesn't really support me.
If I ask, it may terminate our friendship.

UNREALISTIC EXPECTATIONS (PROBABLY THE SINGLE BIGGEST OBSTACLE IN GETTING SUPPORT)

I expect others to "see" my need and to offer support. I think that others will "know" when I need assistance.
I expect others to have some kind of "radar" that picks up my signals. I think I'm sending loud and clear signals.
I expect others to be "mind readers." I expect them to not only offer their help but automatically know how to help me best.
Isn't what I need glaringly self-evident?
I expect to get help and support without asking for it. (Note: The most difficult part of using the support network we have is ASKING. Most of us have a hard time expressing needs and wants clearly and specifically. We expect others feel lost. They may want to offer support but fear offending our pride or independence. Others may have no idea how to approach us or what to do to help us.)

RESENTMENT

Why do I have to "do it all" ... learn about my child, advocate for my child, keep records, schedule and assume responsibility for asking for help, and putting others at ease.
It is unfair that I have the responsibility to seek support, to explain, and to feel different.
I don't want the responsibility for making a supporter comfortable.

WANT PERFECTION FROM THOSE WHO SUPPORT US

It's easier to do it myself. Then I won't be disappointed if people don't do exactly what I want.
Others don't understand what I really need, so I usually do it for myself.

LACK OF ACKNOWLEDGMENT

I don't know how to recognize people who provide support. I feel embarrassed.
I don't want to embarrass my supporters or make them feel uncomfortable.
They already know how much they contribute to my life and how much I appreciate it. There is no need to get sloppy about it.

Acknowledgment is something more than just thanking someone who supports you. Acknowledgment is a public statement, an announcement, naming people who support you in your life and telling how that support contributes to the value and meaning of your life; as well as how that support contributes to the value and meaning of the people for whom they are intended. It is possible to acknowledge this support even if the individuals are not present.

Reprinted with permission from: *Family Ties Training Manual, Volume II*, the Ohio Coalition for the Education of Handicapped Children.

GUIDELINES FOR ENABLING AND EMPOWERING FAMILIES

- Be both positive and proactive in interactions with families.
- Offer help in response to family-identified needs.
- Permit the family to decide whether to accept or reject help.
- Offer help that is normative.
- Offer help that is congruent with the family's appraisal of their needs.
- Promote acceptance of help by keeping the response costs low.
- Permit help to be reciprocated.
- Promote the family's immediate success in mobilizing resources.
- Promote the use of informal support as the principal way of meeting needs.
- Promote a sense of cooperation and joint responsibility for meeting family needs.

G-T34

- Promote the family members acquisition of effective behavior for meeting needs.
- Promote the family member's ability to see themselves as an active agent responsible for behavior change.

Source: Dunst, C. J., Trivette, C. M. and Deal, A. G. (1988) *Enabling and Empowering Families: Principles and Guidelines for Practice.* Cambridge, MA, Brookline.

Modules for Competency-Based
Personnel Preparation in
Early Childhood Education

Family Collaboration

Staff

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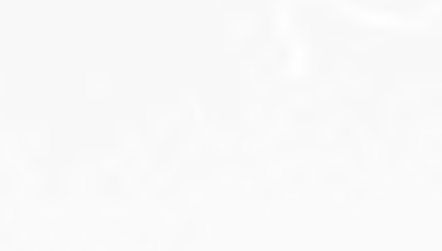
GOALS

1. Understand/develop working relationships between parents and professionals.
2. Understand family dynamics.
3. Be able to faciliate family establishment of a home environment that supports learning in young children.
4. Identify available programs and resources that support the needs of children and families.
5. Be aware of available related services that support the needs of children and families.

GOAL 1

Family Collaboration



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LEVEL: STAFF

GOAL: **#1** Understand/develop working relationships between parents and professionals.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will have knowledge of intra/interpersonal skills.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Introduction: "Hat Trick" Provide opportunity for individuals to experience intrapersonal communication.	1. Leaders Directions (S-L1) "Hat Trick"	1. Speaker will discuss with audience "Hat" observations. Discuss how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) also influence communication.
2. Large group activity Introduce and define intrapersonal/interpersonal factors and how they affect communication skills.	2. Transparency/Handout (S-T1) *The Communication Model*	2. Lead the group in a discussion of the importance of learning about one's self before interacting with others.
3. Small group activity Provide opportunity for group to explore interactive group activities.	3. Handout (S-H1) *NASA Consensus Exercise* Transparency/Handout (S-T2) *Guidelines for Implementing Parent Programs*	3. Divide into small groups. Complete *NASA Consensus Exercise.* Discuss roles each person took as result of this experience (i.e., leader, compromiser, etc.). Discuss how intrapersonal and interpersonal factors can affect implementation of parent programs. Note importance of sensitivity to different cultural values.

THE HAT TRICK
(Intrapersonal Communication)

- Speaker wears an "unusual" hat as she/he speaks to audience.

- Quiz audience about hat observations:
  Do you like/dislike my hat?
  Do you think you would look better in this hat?
  or
  Are you thinking – "I'd never wear that hat!"
  "It's a dopey hat."
  "Fifty years ago it would be a proper hat."

You have noticed that none of the other team members is wearing a hat.
You have made some judgments about me and my hat — we do that.
This is an example of **intrapersonal communication** (talking to oneself).

- Question is:
  Can we create a better partnership with my hat or without it?

S-T1

THE COMMUNICATION MODEL

INTRAPERSONAL FACTORS (COMMUNICATION WITH ONE'S SELF)

- education
- life experiences
- vocabulary
- past communication
- heredity
- environment
- culture

INTERPERSONAL FACTORS (COMMUNICATION WITH OTHERS)

- images
- past encounters
- role
- life purposes
- communication purposes
- symbolic associations
- attitudes and predispositions

Reprinted with permission from: A Collection of Professional Development Activities and Exercises for the Teacher Leader Program, Edited by June A. Kisch, Ph.D. and Phillip Messner, Ed.D. (1990) (p. 102).

S-H1

NASA CONSENSUS EXERCISE

INSTRUCTIONS FOR GROUP

This is an exercise in group decision-making. Your group is to employ the method of Group Consensus in reaching its decision. This means that the prediction for each of the 15 survival items must be agreed upon by each member before it becomes a part of the group decision. Consensus is difficult to reach. Therefore, not every ranking will meet with everyone's complete approval. Try, as a group, to make each ranking one with which all group members can at least partially agree. Here are some guides to use in reaching consensus:

1. Avoid arguing for your own individual judgements. Approach the task on the basis of logic.
2. Avoid changing your mind only in order to reach agreement and avoid conflict. Support only solutions with which you are able to agree somewhat, at least.
3. Avoid "conflict-reducing" techniques such as majority vote, averaging, or trading in reaching your decision.
4. View differences of opinion as helpful rather than as a hindrance in decision-making.
5. Avoid "win-lose" statements in the discussion of rankings. Discard the notion that someone must win and someone must lose in the discussion.
6. View initial agreement as suspect. Explore the reasons underlying apparent agreements.

S-H1

NASA MOON SURVIVAL TASK

Background Information: Think of yourself as a member of a space crew whose mission is one of rendezvousing with a Mother Ship on the lighted surface of the moon. Due to mechanical difficulties, your ship has crash-landed some 200 miles from the rendezvous site. All equipment, with the exception of 15 items, was destroyed in the crash. Since survival depends upon reaching the Mother Ship, you and your fellow crew members must determine which among the 15 items of equipment left intact are most crucial for survival.

Instructions: The 15 items left intact after the crash are listed below. You are asked to rank these in order of their importance for ensuring survival. Place the number "1" in the space by the item you feel is most critical; the number "2" by the second most important item; and so on through number "15" by the least important item.

Rank **Items**

________ Box of matches

________ Food concentrate

________ 50 feet of nylon rope

________ Parachute silk

________ Portable heating unit

________ Two .45 caliber pistols

________ One case dehydrated Pet Milk

________ Two hundred-pound tanks of oxygen

________ Stellar map (of the moon's constellation)

________ Life raft

________ Magnetic compass

________ Five gallons of water

________ Signal flares

________ First aid kit containing injection needles

________ Solar-powered FM receiver/transmitter

S-H1

INSTRUCTIONS FOR INDIVIDUAL

You are a member of a space crew originally scheduled to rendezvous with a Mother Ship on the lighted surface of the moon. Due to mechanical difficulties, however, your ship was forced to land at a spot some 200 miles from the rendezvous point. During landing, much of the equipment aboard was damaged, and since survival depends on reaching the Mother Ship, the most critical items available must be chosen for the 200-mile trip. Below are listed the 15 items left intact and undamaged after landing. Your task is to rank order them in terms of their importance for your crew in allowing them to reach the rendezvous point. Place the number 1 by the most important item, the number 2 by the second most important, and so on, through number 15, the least important.

	Correct answer	**Score**
Box of matches		
Food concentrate		
50 feet of nylon rope		
Parachute silk		
Portable heating unit		
Two .45 caliber pistols		
One case dehydrated Pet Milk		
Two hundred-pound tanks of oxygen		
Stellar map (of the moon's constellation)		
Life raft		
Magnetic compass		
Five gallons of water		
Signal flares		
First aid kit (with injection needles)		
Solar-powered FM receiver/transmitter		
Total		

S-H1

PRIORITY LISTING OF TEAM

	Team Answer	**Correct Answer**	**Score**
Box of matches			
Food concentrate			
50 feet of nylon rope			
Parachute silk			
Portable heating unit			
Two .45 caliber pistols			
One case dehydrated Pet Milk			
Two hundred-pound tanks of oxygen			
Stellar map (of the moon's constellation)			
Life raft			
Magnetic compass			
Five gallons of water			
Signal flares			
First aid kit (with injection needles)			
Solar-powered FM receiver/transmitter			
TOTAL			

	Scores of Individuals on Team	**Other Team Scores**
Total		

S-H1

NASA MOON SURVIVAL TASK
EXPERT SOLUTION

The NASA Moon Survival Task was submitted to the Manned Spacecraft Center of NASA in Houston, Texas. It was referred to the Crew Equipment Research Branch for solution. Below are presented the rankings given to the 15 items along with the sometimes surprising rationales given for particular ratings.

NASA's Reasoning	**NASA's Ranks**	**Items**
No oxygen on moon to sustain flame — virtually worthless	15	Box of matches
Efficient means of supplying energy requirements	4	Food Concentrate
Useful in scaling cliffs, tying injured together	6	50 feet of nylon rope
Protection from sun's rays	8	Parachute silk
Of no use unless on dark side	13	Portable heating unit
Possible means of self-propulsion	11	Two .45 caliber pistols
Bulkier duplication of food concentrate	12	Case dehydrated milk
Most pressing survival need	1	Two hundred-pound tanks of oxygen
Primary means of navigation	3	Stellar map of moon's constellation
CO bottle in military raft may be used for propulsion	9	Life raft
Magnetic field not polarized	14	Magnetic compass
Replacement for tremendous liquid loss on lighted side	2	Five gallons of water
Distress signal when Mother ship is sighted	10	Signal flares
Fits aperture in space suit	7	First aid kit (including injection needles)
Requires line-of-sight transmission and short ranges	5	Solar-powered FM receiver/transmitter

"GUIDELINES FOR IMPLEMENTING PARENT PROGRAMS"

1. Convey your acceptance of parents as equal status partners.
2. Provide individualized parent involvement programs.
3. Maintain two-way communication.
4. Help parents meet their own and their family's needs.
5. Involve the entire family and other significant individuals in the intervention process.
6. Legitimize informal parent involvement activities.
7. Make parents feel welcome and comfortable at the intervention center.
8. Be aware of myths about parent involvement.

From: "Counseling Parent Workshop" (July 1989), Colleen Mandell, Ph.D., Bowling Green State University.

LEVEL: STAFF

GOAL: **#1** Understand/develop working relationships between parents and professionals.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will utilize effective communication skills.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Present information on A. Roadblocks to Communication B. Nonverbal Communication C. Conflict Resolution	1. Handout (S-H2) *Roadblocks to Communication* Transparency (S-T3) *Roadblocks to Communication* Handout (S-H3) *Practitioner's Inventory of Nonverbal Communication* Transparency (S-T4) *Inventory of Practitioner's Nonverbal Communication* Handout (S-H4) *Conflict Management* Transparency (S-T5) *Conflict Management* Handout (S-H5 and 6) *The Management of Conflict* *Strategies for Resolving Conflict*	1. Lead group in discussion of Transparencies/Handouts Discuss strategies for resolving conflict (emphasize the need to be sensitive to diversity (e.g., ability, cultural, racial, religious, gender, etc.) in meeting conflict).
2. Small group activity Generate a list of problem situations that participants have experienced in communicating with parents. Have participants break up into small groups to role play situations.		2. Participants will be paired. Each pair will select a situation they have struggled with and role play for five minutes. One person will take the role of the parent and the other person will play the teacher. The teacher will select an undesirable nonverbal communication, while the parent talks. In large group, discuss how their role play situations were resolved.

ROADBLOCKS TO COMMUNICATION

1. **ORDERING, DIRECTING, COMMANDING** (telling the other person what to do)
   "You are not quitting school."
   "Don't talk to me like that!"
   "Quit moping around and clean up your room."

2. **WARNING, THREATENING** (telling the person what will happen if he or she doesn't do something)
   "If you don't sit still, I'm going to spank you."
   "If you do that, you'll be sorry!"

3. **MORALIZING, PREACHING** (telling the person what they ought to do)
   "You must always be kind to animals."
   "You must always take care of your little brother."
   "It's not nice to act like that."

4. **ADVISING, SUGGESTING** (telling the other person how to solve a problem)
   "Maybe you can find some new friends."
   "It would be best for you to drop that course."

5. **PERSUADING WITH LOGIC, ARGUING, LECTURING** (presenting facts, opinion, and other information to influence the other person)
   "If you learn to study now, you'll get better grades when you go on to college."
   "If you drop out of school now, you won't be able to get a good-paying job."

6. **JUDGING, CRITICIZING** (Finding fault with something the other person is doing. You may blame the person, say something is wrong, disagree, or judge the person)
   "If you would have been more careful, this wouldn't have happened."
   "You're not thinking clearly."
   "You are wrong about that."

7. **NAME CALLING, SHAMING** (making the other person feel foolish by calling him or her a name or ridiculing them)
   "You are acting like a little baby."
   "You are eating like a pig."
   "Look here, you big dummy."

8. **INTERPRETING, DIAGNOSING, ANALYZING** (telling someone how well they have done or that you agree with their actions)
   "What you need is a long vacation."
   "Your problem is that you can't say no."
   "You don't really mean that."

9. **PRAISING, APPROVING, EVALUATING** (telling someone how well they have done or that you agree with their action)
   "You really made a good drawing."
   "I approve of that decision."

10. **CONSOLING, SYMPATHIZING** (feeling sorry for the other person; trying to make the feelings go away)
    "Don't worry, things will work out."
    "It's not so bad."
    "You'll feel better tomorrow."

11. **QUESTIONING, PROBING, INTERROGATING** (trying to find more information, reasons, motives, etc.)
    "Why do you think you hate school?"
    "Why do you think Jane didn't invite you to her party?"
    "Where did you get that idea?"

12. **DISTRACTING, BEING SARCASTIC, HUMORING** (changing the subject, making light of or drawing the person away from the problem)
    "I've been meaning to ask, how are you doing on the team?"
    "Let's change the subject to something more pleasant."
    "Why don't you just burn down the school?"

Adapted from Thomas Gordon's *Parent Effectiveness Training*, New York, New York: New American Library (1975).

S-T3

ROADBLOCKS TO COMMUNICATION

ORDERING, DIRECTING, COMMANDING
(telling the other person what to do)

WARNING, THREATENING
(telling the person what will happen if he or she
doesn't do something)

MORALIZING, PREACHING
(telling the person what they ought to do)

ADVISING, SUGGESTING
(telling the other person how to solve a problem)

PERSUADING WITH LOGIC, ARGUING, LECTURING
(presenting facts, opinions, and other information
to influence the other person)

JUDGING, CRITICIZING
(finding fault with something the other person is doing)

NAME CALLING, SHAMING
(making the other person feel foolish by calling
him or her a name or ridiculing them)

S-T3

INTERPRETING, DIAGNOSING, ANALYZING

(telling the other person what his or her motives are)

PRAISING, APPROVING, EVALUATING

(telling someone how well they have done or that you agree with their actions)

CONSOLING, SYMPATHIZING

(feeling sorry for the other person; trying to make the feelings go away

QUESTIONING, PROBING, INTERROGATING

(trying to find more information, reasons, motives, etc.)

DISTRACTING, BEING SARCASTIC, HUMORING

(changing the subject, making light of or drawing the person away from the problem)

Adapted from: Thomas Gordon's *Parent Effectiveness Training*, New York, New York: New American Library (1975).

S-H3

PRACTITIONER'S INVENTORY OF NONVERBAL COMMUNICATION

DESIRABLE	UNDESIRABLE
Facial Expressions	
Direct eye contact (except when culturally prescribed) Warmth and concern reflected in facial expressions Eyes at same level as client's Appropriately varied and animated facial expressions Mouth relaxed, occasional smile	Avoidance of eye contact Eye level higher or lower than clients Staring at person or object Pursing or biting lips Lifting eyebrow critically Nodding head excessively Yawning Frozen or rigid facial expressions Inappropriate slight smile
Posture	
Arms and hands moderately expressive: appropriate gestures Body leaning slightly forward, attentive but relaxed	Rigid body position; arms tightly folded Body turned at an angle to client Fidgeting with hands Squirming or rocking in chair Slouching or placing feet on desk Hand or fingers over mouth Pointing finger for emphasis
Voice	
Clearly audible but not loud Warmth in tone of voice Voice modulated to reflect nuances of feeling and emotional tone of client messages Moderate speech tempo	Mumbling or speaking inaudibly Speaking in monotone Frequent grammatical errors Prolonged silences Excessively animated speech Slow, rapid or staccato speech Nervous laughter Consistent clearing of throat
Physical Proximity	
Three to five feet between chairs	Excessive closeness or distance Talking across desk or other barrier

Adapted from: *Direct Social Work Practice: Theory and Skills* (p. 77) by D. H. Hepworth, J. A. Larson, and B. Homewood. The Dorsey Press (1982).

S-T4

INVENTORY OF PRACTITIONER'S NONVERBAL COMMUNICATION

DESIRABLE **UNDESIRABLE**

FACIAL EXPRESSIONS

POSTURE

VOICE

PHYSICAL PROXIMITY

CONFLICT MANAGEMENT

TYPES OF CONFLICTS

1. Interpersonal — Any conflict situation which involves conflicts between people.
2. Intrapersonal — Any conflict situation which involves a conflict within an individual.
3. Personal Institutional — Any conflict situation in which the conflict is set up as a result of differences between an individual and an institution's policies, rules, regulations, etc.

CONFLICT MANAGEMENT STYLES

1. Avoidance — Actually avoiding contact in situations in which conflict already exists or in which one wishes to avoid a conflict being set up.
2. Withdrawal — Withdrawing, either physically or psychologically from the conflict situation.
3. Win-Lose — A situation in which one side loses and one side wins.
4. Third Party Intervention — A situation in which a third, neutral party attempts to mediate differences between two sides.
5. Compromise — A situation in which each side gives and takes to resolve a conflict.

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S-T5

CONFLICT MANAGEMENT

TYPES OF CONFLICTS

1. INTERPERSONAL
2. INTRAPERSONAL
3. PERSONAL/INSTITUTIONAL

CONFLICT MANAGEMENT STYLES

1. AVOIDANCE
2. WITHDRAWAL
3. WIN-LOSE
4. THIRD PARTY INTERVENTION
5. COMPROMISE

THE MANAGEMENT OF CONFLICT

1. Accept conflict and differences in a group and see it as a creative mechanism for bringing the best data and judgement to the foreground.
2. Clarify the nature of the conflict and keep the issues out in the open.
3. Recognize and accept the feelings of the individuals involved.
4. Suggest procedures and ground rules for resolving the conflict.

SUGGESTED PROCEDURE FOR RESOLVING CONFLICT

Most conflict, within the context of a task completion process, falls into one of the five major categories: 1 - goal conflict, 2 - conflict over alternatives or methods, 3 - conflict over facts, 4 - conflicts over assumptions, 5 - conflict over values.

The following chart indicates the conflict identity and method of resolution for each of the above listed.

Conflict Identification	**Conflict Resolution Techniques**
1. Goal Conflict	1. Have the conflicting parties each describe the goal with a time horizon assigned.
2. Alternatives/Methods	2. Refer the conflicting parties back to the objective set and evaluate each alternative against the objectives. (Ask: How well does your alternative meet the objectives?)
3. Fact	3. Ask the conflicting parties to reveal their data base for their facts and examine the validity of each.
4. Assumption a. on past b. on future	4. a. Ask each party — What data do you base your assumption on? b. Ask each party — What data do you base your assumption on? How far into the future are you assuming? What is the probability of that assumption occurring?

5. Value Conflict	5. **Never** ask: Why do you feel this way? Ask each party: a. What have been the events/results from the past that produced this viewpoint? What contribution did or does it make to society? b. If it was carried to its end point, what conditions would result? Describe them. c. Look for similarities in the goal/end result descriptions. d. What are all the alternative value sets that could produce these same end results?

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STRATEGIES FOR RESOLVING CONFLICT

WIN-LOSE

In this strategy, the situation is set up so that one party wins and the other has to lose. This is a very typical way of dealing with conflict. This strategy polarizes people and often results in either: (a) frustration and anger, or (b) passivity. Use of this strategy makes future conflicts more likely. Since there is a clear "we-they" distinction between the parties, the relationship is not a cooperative one and so it does not provide a healthy basis for interactions between parents and schools. In the end, the child often loses because one party is not vested in making the solution work and perhaps in sabotaging it.

LOSE-LOSE

This strategy is based upon the premise that "something" is better than "nothing." In its most adversarial form one party or both parties may feel that any solution is satisfactory, so long as the other party does not get what he/she wants. Since both parties disagree, a compromise is imposed by a set of rules, a third party (mediator), or a combination of these methods. Many of the conflicts in schools which result in mediation as well as those which result in due process hearings are examples of use of this strategy. Since the solution or compromise is imposed on both parties, neither party feels any ownership of the solution. Therefore commitment to follow-through with the solution is likely to be low. This strategy (as well a the Win-Lose strategy) does not foster a cooperative relationship between the parents and the school. Since neither party is vested in the solution, the child's program is likely to suffer.

Reprinted with permission from: *The Ohio Coalition Parent/Educator Team Training Manual.*

LEVEL: STAFF

GOAL: **#1** Understand/develop working relationships between parents and professionals.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will appreciate the uniqueness of cooperative partnerships.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Present a panel of parents which will share positive experiences through cooperative partnership.	Handout (S-H7) *Achieving Equal Status in Parent-Professional Partnerships* Transparency (S-T6) *Achieving Equal Status in Parent-Professional Partnership* Transparency/Handout (S-T7) *Partnership* **Supplemental Resources** *Equals in This Partnership: Parents of Disabled and At-Risk Infants and Toddlers Speak to Professionals,* 1985, National Center for Clinical Infant Programs.	1. At the end of parent panel presentation ask the panel to discuss and rank variables that inhibit equal status in parent/professional encounters. Rank five variables that inhibit equal status (group leader could put these on chalkboard). Ask each member to describe a situation where equal status was achieved. Encourage the group to think of diversity variables (e.g., ability, cultural, racial, religious, gender, etc.).

S-H7

ACHIEVING EQUAL STATUS IN PARENT-PROFESSIONAL PARTNERSHIPS

Professional literature has pointed out that parent and professional partnerships will be more effective if each views the other in a positive way. There are many variables that inhibit equal status in parent/professional encounters.

I. Based upon panel consensus, rank order five variables that inhibit equal status in parent/professional encounters and rank order them from 1 to 5, with 1 being the most significant inhibitor.

1.

2.

3.

4.

5.

II. Ask each panel member to describe a situation where equal status was achieved. Provide an explanation for this occurrence.

Adapted from: *Family Dynamics: Collaborative Round Table Discussion*, Colleen Mandel, Ph.D., Bowling Green State University, "Counseling Parents' Workshop" (July 1989).

S-T6

ACHIEVING EQUAL STATUS IN PARENT-PROFESSIONAL PARTNERSHIPS

I. INHIBITING VARIABLES

1.

2.

3.

4.

5.

II. SITUATIONS

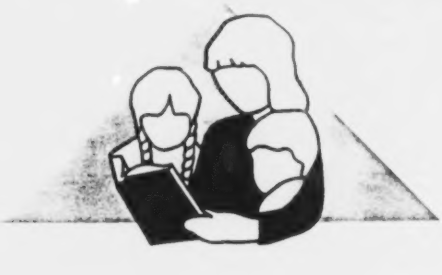
WE NEED TO BEGIN TO VIEW OUR WORK WITH FAMILIES AS A PARTNERSHIP IN WHICH WE ARE CONSULTANTS, BUT THE FAMILIES ARE IN CHARGE.

By Kathryn Barnard, Ph.D., R.N.

Source: *Equals in This Partnership: Parents of Disabled At-Risk Infants and Toddlers Speak to Professionals*, National Center for Clinical Infant Programs.

GOAL 2

Family Collaboration



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LEVEL: STAFF

GOAL: **#2** Understand family dynamics.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the role of relationships within families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Open presentation with definition of the family. Review attached material on the five phases of marriage. Survey the audience as to: a. How many married b. Validate the five phases with the group c. Ask for group opinion as to whether phases are developmental or cyclical and discuss. What impact does the arrival of children have on the phases of marriage? (Discuss) What impact does the arrival of a child with disabilities have on the phases of marriage? (Discuss)	1. Transparencies (S-T8, 9, and 10) *Family* *Five Phases of Marriage* *Family System* Handout (S-H8) *Family Circle Activity*	1. Use Transparency of dictionary definition Review Transparency *Phases of Marriage* Discuss five phases with those married and single. Validate these phases with the participants. Lead group into discussion about cyclical processes and those types of situations that might cause marriages to recycle back into early stages of marriage. Discuss the impact of children to five phases of marriage, their impact to life-styles within the marriage and social impacts to the couple. Make a chart of responses. Also ask participants to consider how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence these phases.
2. Let's look at families. List the most prominent family structures that exist today. Ask participants to circle their family. Discuss circle results and ask if anyone would like to share their circles.	2. Transparency/Handout (S-T11) *Family Circles*	2. Note different types of family composition. Two-Parent Family - Natural Parents Single-Parent Family - Missing/Deceased Multi-Parent Family - 2nd Marriage Guardian (grandparent or other relative) Adopted Display "Family Circles" Transparency. Discuss influence of family members and their stressors, on the decisions we make, our attitudes, etc.

LEVEL: STAFF *(continued)*

GOAL: **#2** Understand family dynamics.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the role of relationships within families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
	Supplemental Resources "Mothers' and Fathers' Reports of the Effects of a Young Child with Special Needs on the Family," Mclinden, Stacey E. The Ohio Coalition Parent/Educator Team Training Manual. "Grieving Over the Lost Dream," McCollum, A. T.	For those married, circle their immediate family. Those not married should circle their family of origin when they were age 12. Point out that in order to circle our families we subconsciously had to begin the process of role identification.
3. Administer the **Family of Origin Questionnaire.**	3. Transparency/Handout (S-T12) *Family of Origin Questionnaire*	3. **Please emphasize to participants** your respect for the sensitivity of the material discussed and that their privacy will be respected throughout. Volunteer sharing only will be used.
4. Small group activity Break participants into small groups to discuss the impact to a family raising a child with special needs.		4. Ask small group to apply impact to: Phases of Marriage Family Circles Questionnaire
5. Large group activity Review Grief Cycle and distribute Handouts. Review a Healthy Family System and link to marriage phases, grief cycle. Have each participant make a healthy family mobile.	5. Transparencies (S-T13 and 14) *Loss and Grief Cycle* *Grief Cycle* Handout (S-H9) *Grief Cycle* Handout (S-H10) *Family Mobile*	5. Correlate phases of marriage to that of Grief Cycle in that it is an evolutionary process, both developmental and cyclical and both require concerted effort to be successfully addressed. Use **Family Mobile** overhead for discussion and construct mobile models.

S-T8

FAMILY

1. Parents and their children
2. The children as distinguished from their parents
3. A group of persons connected by blood or marriage, including cousins, grandparents, in-laws, etc.
4. A group of persons forming a household

Standard College Dictionary, Funk & Wagnalls, Harcourt, Brace & World, 1963, pp. 479.

FIVE PHASES OF MARRIAGE

Romance

Characterized by fantasy by assigning to our partners those characteristics we wish them to have with each putting their best foot forward to avoid discovery and disappointment.

Disillusionment

Reality sets in. Discovery that fantasy and truth are different. Settle in by being nice and accepting of disappointments.

Despair

Denial that there are individual differences and problems in the marriage leads to this third stage. Manifestation of the crisis may be an affair, boredom, depression, alcoholism or compulsive work. Resolve in one of three ways:

Bail Out - through separation or divorce
Settle In - life of quiet depression
Accept Challenge - work for growth

Growth

Those accepting the challenge face ups and downs characterized by no pain-no gain experiences.

Maturing Love

Without innocence, with a memory of the struggle. "There is someone who knows me, and still loves me with all of my faults."

FAMILY SYSTEM

I. Families operate as a system:

A. Roles, relationships, communication styles and power distribution balances the system.

B. Children with limitations can imbalance the system; families react/adjust in a way that rebalances the system.

C. A primary family goal is *homeostasis.
(*The tendency of an organism to maintain a uniform and beneficial physiological stability within its parts; organic equilibrium.)

D. No family is healthy at all times.

E. In healthy family systems, both system and individual needs are met; the system is fluid, open and predictable.

S-H8

FAMILY CIRCLE ACTIVITY

Every person in your family experiences stress and has their own needs. While some stressors and needs may be obvious, others are not.

On the Family Circles sheet, please draw a circle for each family member. Family refers to all the people who live in your household. Family also refers to those family members who do not live in your house but who have an influence on your family. Family pets may be included.

On each circle, label the name of the person and their relationship to you. Next, write the stressors and needs of that particular person. Stressors refers to thoughts, feelings, or situations that make you feel like you are on "overload." There are different kinds of needs. Some needs are material, such as a need for everyone to be happy or the need for your spouse to be sensitive to your thoughts and feelings.

Adapted from: *The Ohio Coalition Family Ties Project.*

S-T11

FAMILY CIRCLES

S-T12

FAMILY OF ORIGIN QUESTIONNAIRE

1. What was the cardinal rule in your family?
2. Who had the power in your family?
3. How were children disciplined?
4. How did disagreements get resolved in your family?
5. How did your family handle change and stress?
6. What was the primary message that your father gave you as you were growing up?
7. What was the primary message that your mother gave you as you were growing up?
8. What was the family secret?
9. What was a family rule that you remember breaking?
10. How was affection given or shown in your family?
11. Recall a truth that you learned to be untrue when you left home.
12. Was there any unfinished business when you left home?

13. How would you like the roles in your family now to be different than the roles in your family of origin?
14. Remembering your childhood, name one thing for which you are grateful?
15. How were financial matters handled in your family of origin?
16. How do financial management matters in your family differ from those in your family of origin?

Adapted from: Cooper, R. Myer. Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebraska. (1980).

S-T13

LOSS AND GRIEF CYCLE

Gilbert M. Foley, Ed.D.

PREGNANCY

The normal ambiguity of pregnancy facilitates project and fantasy production.

↓

THE FANTASIZED HOPED-FOR CHILD

A normal milestone in pregnancy is the formation of an idealized representation of the child-to-be.

↓

BIRTH OF A HANDICAPPED CHILD

The birth of a handicapped child precipitates a state of dissonance between the hoped-for-child and the real child.

↓

IDEATIONAL OBJECT LOSS

There occurs an unconscious loss of the hoped-for-child — the death of a dream. Loss precipitates grief, our intrapsychic healing mechanism.

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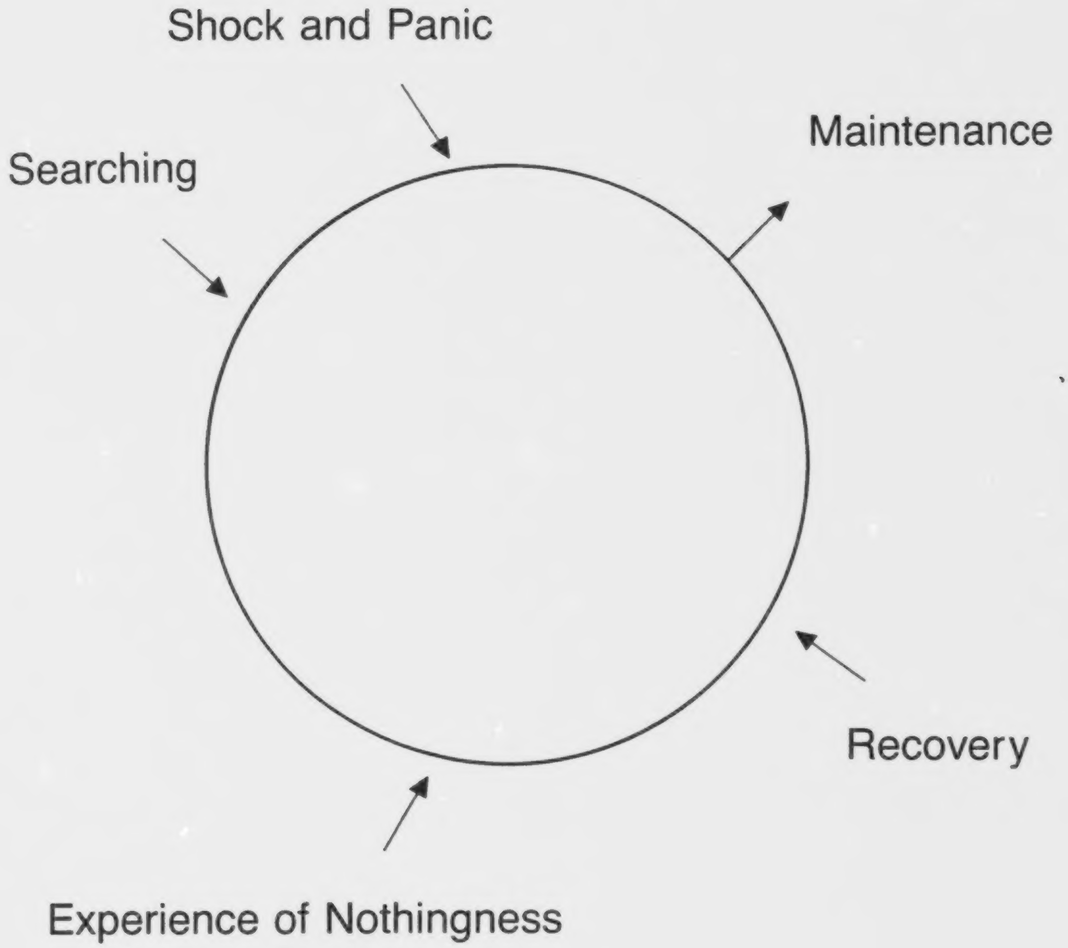
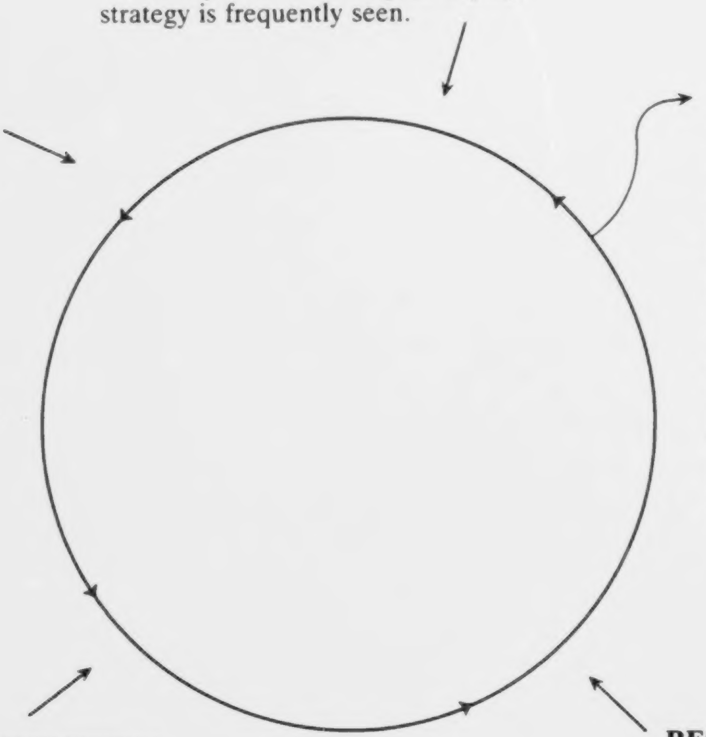
GRIEF CYCLE


Shock and Panic
Maintenance
Searching
Recovery
Experience of Nothingness

S-H9

GRIEF CYCLE



SHOCK AND PANIC

The first stage of grief is one of disbelief and disorientation. An exaggeration of the family's characterological coping strategy is frequently seen.

MAINTENANCE

This stage is characterized by stabilization, increased resilience, and internalized coping strategies. The cycle can be and is frequently recapitulated when the child fails to achieve significantly invested social and developmental milestones.

RECOVERY

During this period, the family reality tests more accurately and discovers the delight and health in the child as well as the tragedy and pathology. This recovery appears dependent on the attainment of two psychological constructs: (1) a personal mythology to provide meaning for this experience and (2) a reconstructed internal representation of the child which melds the hoped-for-child and the real child.

EXPERIENCE OF NOTHINGNESS

When the search meets with failure, the parents must face the essential tragedy of the situation. This is frequently a period of emotional lability and strong feeling; e.g., depression, rage, guilt. A sense of meaninglessness and absurdity is frequently associated with rearing and parenting a handicapped child. Why did this happen to me and what does it mean?

SEARCHING

Once the family is stabilized from the initial insult, they begin looking for the hoped-for-child. This frequently takes the form of denial or shopping for the differing diagnoses.

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FAMILY MOBILE

The *healthy family* is an organism — similar to a mobile:

- its parts are interdependent
- it works together for:
  peace and harmony
  destruction
  survival
- each family member adopts a behavior causing the least amount of stress

A Mobile is:

- a hanging art form comprised of shapes, rods and string
- an art form dependent upon its balance and movement
- an art form that responds to changing circumstances while maintaining its equilibrium
- an art form whose whole system moves interdependently to maintain equilibrium
- an art form whose individual parts contribute to the balance of the whole

In a Healthy Family:

each member can move responsibly and freely without upsetting balance

each member has defense mechanisms for protection and feelings which can be shared in an atmosphere of trust

BENEFITS OF HOME VISITS

Think of the home visit as a form of teacher involvement with the family rather than of parent involvement with the school. These are some of the positive outcomes of home visits of this type:

- The home visit is a positive event, which both children and parent look forward to.
- Communication between home and school improves.
- The teacher becomes a friend to the family.
- The teacher gets to know the parents' interests, needs, and strengths.
- Parents improve the interaction strategies they are using with their children.
- Parent-child communication improves.
- Parents use strategies with their child at home that are similar to those used at school by the teachers.
- Parents develop a lasting interest in children's school progress that will enhance their children's future school experience.

Reprinted with permission from: Sue Terdan (1992). *The Parent-First Approach to Home Visits*. Extensions Newsletter of the High/Scope Curriculum, Vol. 6, No. 4.

S-H14

PARENT CONCERNS ABOUT HOME VISITING

- They are afraid the home visitor will judge them.
- They are afraid the home visitor will tell them what to do and give them "home work."
- They feel they don't have the right toys for their children.
- They can't afford educational materials.
- They are ashamed of their homes.
- They don't want their child-rearing methods questioned.
- It is inconvenient to have someone over regularly.
- They don't need home visits.
- They have a demanding job or social life that takes all of their time.
- They can't focus on child-rearing issues because they have pressing problems (finances, health, job loss, a family member's substance abuse) that sap their energy.

Reprinted with permission from: Sue Terdan (1992). *The "Parent-First" Approach to Home Visits.* Extensions Newsletter of the High/Scope Curriculum. Vol. 6. No. 4.

LEVEL: STAFF

GOAL: #2 Understand family dynamics.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will understand the different family roles and their influence.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Small groups develop a refinement in the definition of a "family" and what it means to them. Large group discussion will follow to form a consensus to obtain a working definition of today's "family."		1. Divide the group into smaller groups. Reflectively review Funk & Wagnalls definition, the Family Circles, the Family Mobile and the Family Origin Survey. Instruct each group to develop a definition of the modern family that best includes all the above. Note how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence their definition).
2. Small group activity Using the refined definition, Family Circles, Family Mobiles and the Family Origin Survey, small groups will reassemble to identify role characteristics within the family unit, and discuss the impact of family stressors on role characteristics.	2. Handout (S-H11) *Glossary of Family Roles*	2. Identify role labels that include: Decision Maker Financial Manager Caretaker(s) Social Planner Teacher(s) Protector Lost Child Scapegoat or Problem Child The Lost Child Mascot or Family Pet Special Needs Person
3. Large group activity Develop a list of suggestions that school personnel might use, creating a greater sense of understanding, awareness and compassion in recognizing the uniqueness of each family's structure in working to help families with young children who have disabilities.	**Supplemental Resources** *Hope For the Families: New Directions For Persons With Retardation or Other Disabilities*, Perske, Robert. "Building Effective Parent/Educator Relationships," The Ohio Coalition, Parent/Educator Team Training Module 1.	3. Following large group discussion, ask small groups to identify the two most important actions that school officials could take to help the families with special needs children.

GLOSSARY OF FAMILY ROLES

Decision Maker	— Family member, usually spouse, that makes most all decisions regarding family matters.
Financial Manager	— Family member, usually spouse, that is responsible for paying bills, deciding on purchases and investments.
Caretaker	— The role of the caretaker is to provide self-worth for the family. Is often the oldest child or "breadwinner" parent. This person is very perceptive and sees and hears more of what is happening within the family and tries to make things better.
Social Planner	— The role of the social planner is to handle the family image within the family (parents, grandparents, etc.) and also outside of the family, the communities of residence, work and socialization.
Teacher	— The role of the teacher is to provide personal living skills to those of need within the family. Most often they focus on the needs of children, not always however.
Protector	— This person many times develops defensive postures of powerlessness, is very serious, is self-blaming, very responsible, self-pity, fragility.
Lost Child	— This person's role is to offer relief (the one child the family doesn't have to worry about). This child doesn't make close connections in the family, spends much time alone, is not noticed in a positive or negative way. Possesses internal feelings of hurt, loneliness, inadequacy and anger.
Mascot	— The role of the mascot is to provide family fun and humor. The mascot is not taken seriously, is often cute, fun to be around, charming and humorous. Possesses internal feelings of fear, insecurity, confusion and loneliness.
Special Needs Person	— The special needs person is difficult to describe as each one is uniquely different. Internal feelings can span the full range of emotions.

Identity Roles should not be limited just to those listed above. These are provided to help in the process of better understanding family structures and internal dynamics. Many times one person will assume multiple roles within the family. Also, some families, being smaller, have no one filling some of these identified roles.

Adapted from material from *Hardin County Alcoholism Center:* Family Structure.

LEVEL: STAFF

GOAL: **#2** Understand family dynamics.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will respect the difference in various family structures

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Ask each participant to examine their own family structure and egocentricities, looking for parallels and differences between parents of children with special needs and themselves.	1. Handout (S-H12) *Family of Origin Questionnaire*	1. Use the "Family of Origin Questionnaire" information gained earlier as basis for profiling their own family structure. Discussion leader surveys group and records responses.
2. Large group activity Have participants identify and examine their own family stressors. Then ask them to compare these stressors with those thought to exist within families having members with special needs.		2. Using a reflective activity, participants are asked to identify their family "stressors," listing them on the attached form. Using inferential skills, participants are then asked to list family stressors existing in a special needs family.
3. Small group activity Participants will then develop a list of similar family stressors that exist in families with members who have special needs and other families.	**Supplemental Resources** "Multicultural Education - What Works," *Preschool Perspectives.*	3. Comparisons will then be made by the discussion leader as the group is surveyed for similarities as well as differences. Inject multicultural concerns into the discussion, their impact on family structure and the family stressors.
4. Participants will gain greater empathy of the family structure in the family with a member who has a disability by listening to a local volunteer parent of a child with special needs describe family life on a day-to-day basis.	"Grandparents of Children with Special Needs: Insights into Their Experiences and Concerns," *Journal of the Division of Early Childhood,* by Vadasy, Fewell and Meyer. "The Dynamics of Transition and Transformation: On Loss, Grieving, Coping and Growthful Change," by Moses, Ken. A Look at the Nurturing Family," The Ohio Coalition Parent/Educator Training Team Manual. "Perspectives: Family Support Across the Life Cycle," CEC MReport.	4. After completion of guest speaker, staff members will be given an opportunity to inquire as to how staff members could be more helpful and empathic in dealing with the special need family.

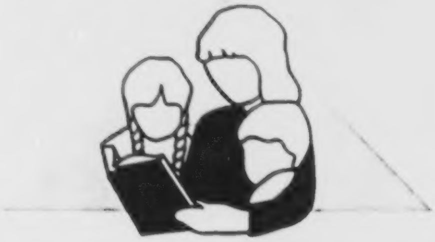
FAMILY OF ORIGIN QUESTIONNAIRE

1. What was the cardinal rule in your family?
2. Who had the power in your family?
3. How were children disciplined?
4. How did disagreements get resolved in your family?
5. How did your family handle change and stress?
6. What was the primary message that your father gave you as you were growing up?
7. What was the primary message that your mother gave you as you were growing up?
8. What was the family secret?
9. What was a family rule that you remember breaking?
10. How was affection given or shown in your family?
11. Recall a truth that you learned to be untrue when you left home.
12. Was there any unfinished business when you left home?
13. How would you like the roles in your family now to be different than the roles in your family of origin?
14. Remembering your childhood, name one thing for which you are grateful?
15. How were financial matters handled in your family of origin?
16. How do financial management matters in your family differ from those in your family of origin?

Adapted from: Cooper, R. Myer. Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebraska. (1980).

GOAL 3

Family Collaboration



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LEVEL: STAFF

GOAL: #3 Be able to facilitate family establishment of a home environment that supports learning in young children.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the benefits and barriers to home visits.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Participants will brainstorm benefits and barriers of home visitations.	1. Handout (S-H13, 14 and 15) *Benefits of Home Visits* *Parent Concerns About Home Visiting* *Ten Tips for Working with Multicultural Families*	1. Divide the participants into groups of four to six. Have one person from each small group report the results to the entire group. After completing the brainstorming activity, pass out Handout S-H14 and check to see if any of the points on the handout were not mentioned. Ask how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence parents' or professionals' feelings about home visits. Handout S-H15 may be used to provide additional information.

TEN TIPS FOR WORKING WITH MULTICULTURAL FAMILIES

1. Parents from other cultures have developed their own methods of parenting. Respect those methods. Don't insist that the parents do it your way if they are to be good parents. Don't assume that as a teacher you know what is best for the child and can tell the parent what to do.

2. Establish a good relationship with the parent before giving advice. Take time for general conversation before getting to the point. Directness, in many cultures, is considered rude. Relate to adults as people, not just as parents.

3. Be flexible. Rules may need to be bent or changed to meet parent's or children's needs.

4. Be cautious. Don't intrude too quickly into parent's privacy — it may embarrass them. Taboo subjects or what is considered private vary greatly from culture to culture.

5. Communicate frequently with parents, not just when there is a problem or for a formal progress report on the child.

6. When speaking with a person who knows little English:
   *Speak softly. If you speak too loudly, it may sound like yelling to some people.
   *Watch your tone. Don't be patronizing.
   *Use simple, clear language.
   *Match your animation to the comfort level of the parent or child.
   *Talk briefly and frequently to the parents. But don't be overly talkative if they have real difficulty understanding English.

7. Spend time with new immigrant families.

8. Seek privacy before discussing confidential or emotional issues.

9. Study the cultures of the children in your center. If you have an awareness and understanding of the family life, cultural background, and individual values of your families, you will transmit that understanding through your behavior.

10. Respect, accept, empathize, and have patience with ideas that differ from your own.

Reprinted with permission from: *Preschool Perspectives* Newsletter, January 1991. Vol. VII, No. 5. Silver Spring: Business Publishers, Inc.

LEVEL: STAFF

GOAL: **#3** Be able to facilitate family establishment of a home environment that supports learning in young children.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will be able to problem solve issues they may be confronted with while visiting the homes of students.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Participants will be given a scenario about an itinerant teacher. They will identify possible sources of problems and brainstorm strategies.	1. Handout (S-H16, 17 and 18) *Scenario A* *Scenario B* *Scenario C* Handout (S-H19) *Letting Parents Take Center Stage*	1. Divide the large group into small groups of four to eight people. Give each group one scenario (A, B, or C). Allow 10-15 minutes for the small groups to problem solve. Reassemble the group and have each small group report their findings. Be sure to point out how diversity issues (e.g., ability, cultural, racial, religious, gender, etc.) might influence these situations. Handout provides the participants with ideas on how to approach parents on home visits.

S-H16

SCENARIO A

Mrs. Freemont, the preschool teacher of children with disabilities, set up a home visitation schedule with the parents of 4-year-old Yolanda. Mrs. Freemont arrived promptly for the first visit, but no one was home. She phoned the parents and set up another time to come to their home. Again, when Mrs. Freemont arrived there was no one at home.

1. What are some possible reasons for the parents not keeping the scheduled appointments?

2. What would you do next if you were Mrs. Freemont?

SCENARIO B

Kathy and Jack have one son, Daron, age 4. Jack is a financial manager and works long hours. Kathy graduated from college with a degree in art and does not work outside the home, but spends much time donating her artistic talents to community organizations.

Kathy, Jack and Daron live in a spacious home. They provide many educational and stimulations toys for Daron, but rarely spend time playing with him. The parents have an active social life which rarely includes Daron. The parents agreed to home visits but Kathy primarily watches and does not participate.

1. What are the family's strengths?

2. What concerns should the itinerant teacher address?

S-H18

SCENARIO C

Mrs. Mahoney, the itinerant preschool teacher for children with disabilities, arrived for her first home visit with 4-year-old Shaneese. Felicia and LeRoy Jones and their six children live in a run-down, dirty apartment building in a low socioeconomic area of the city.

Upon entering the apartment, Mrs. Mahoney had difficulty finding a clean, uncluttered place to work. The T.V. was playing loudly and three of the children besides Shaneese wanted to join in the fun.

1. Identify the major problems Mrs. Mahoney faces in this home.

2. What suggestions would you have for Mrs. Mahoney?

LETTING PARENTS TAKE CENTER STAGE

To overcome the barriers of home visits High/Scope suggests a "parent-first" approach to home visiting in which the focus of initial visits is on the needs and interests of the parent, not those of the child. Working with both parent and child together comes later. As educators, we want to help parents take an interest in their child's development and progress, to recognize developmental milestones more easily, and to learn appropriate strategies for supporting children's development. While these are appropriate long-range goals for home visiting, in the early visits, it's often more effective to focus on the more immediate goal of building a trusting relationship with parents. The home visitor must communicate that he/she is there for the parent "first."

So, if you are making your first home visit to preschooler Tanya's home, view this as an opportunity to get to know Tanya's parents as people, not just as "Tanya's parents." In turn, this is her parent's chance to get to know you as more than "Tanya's teacher." When you arrive at the home for the first visit, skip the parcel of toys and the "lessons" for Tanya. Focus on the needs, interests, and routines of the adults in the home. Spend time "just talking" with the parents. Get to know them and their interests. (A good opener for discussions with parents: "What do you like to do when you are child-free?")

Your observation skills are essential here. Look around during your initial visits and note the "materials" in the home and the language being used. Find out about the family's daily routine, their hobbies, interests, and chores. Encourage the parents to tell you about their interests — raising livestock, farming, sewing, reading, gardening, remodeling, watching T.V.

Become an interested and appropriately involved friend of the family. This leads to a natural and positive interchange with parents. Use the family's home as the backdrop and existing materials as the things to manipulate, choose from, and talk about.

Let the parents "train" you. Remember, they are the experts on their family; you are the expert on education and child development. Parents will become more effective in their interactions with their children when someone takes an interest in interacting with them and helping them meet some of their needs or share some of their interests or skills. When you take an interest in the parents, the result is a widening circle that increasingly involves the children. Parents become interested in offering ideas for the next visit based on their own and their family's interests and abilities. Usually they suggest activities that involve the whole family.

When teaching in a Minnesota preschool program for special needs children ages 3-6, I applied this approach in my home visits. While my initial focus was on the parents, children were never ignored. Encouraged to contribute their own ideas, parents usually planned home visits with me around their family's special interests: e.g., snow-sliding, taking long walks in the woods, canning, making cookies, playing all kinds of board games. Most of these were activities that the whole family could do together. They offered many opportunities in which, spontaneously and naturally, I could model strategies for supporting children (such as offering choices, using language to help children wait for attention, sharing control, and encouraging planning and problem solving). While modeling such strategies, though, I was careful never to take over the parent's role as primary caregivers. When parents saw that I had some useful ideas for interacting with children, they often adopted them automatically or asked for further suggestions.

S-H19

It's helpful for the home visitor to think of the visit as a form of teacher involvement rather than of parent involvement. Your primary goal is not to teach the parent's of their children, but to become involved in their home life and to let them teach you about their strenghts and interests. All parents have strengths on which you can build. In home visits with a family that enjoyed taking long walks, for example, I learned a great deal about the family's strengths in the course of my walks with them. For this family, walking offered the opportunity for relaxed conversations with the children in which the adults often pointed out new things to children and expanded on the observations children made when they saw something that interested them.

In addition to making the parents' interests the focus of home visits, we recommend giving parents many opportunities to shape the home visit schedule. Even if your program is planned around one visit a week, ask the families how many visits they want — provide options: once a week, once a month, twice a month, no home visits at all. In the program described above, most families opted for two visits a month, and we made it clear that the frequency of visits could change any time, at the parent's convenience.

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LEVEL: STAFF

GOAL: **#3** Be able to facilitate family establishment of a home environment that supports learning in young children.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will respect the value of play in learning in a supportive home environment.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Participants will listen and reflect on "Play: A Gift From the Heart" and appreciate the value of play.	1. Transparency/Handout (S-T15) *Play: A Gift From the Heart*	1. Read play: *A Gift From the Heart* Emphasize the last sentence.
2. Small group activity Exercise in which the participants take on the role of parents and communicate attitudes in different scenarios.	2. Transparency/Handout (S-T16) *Language of the Heart* Handout (S-H20) *Scenarios - Heartache or Heartsongs*	2. Discuss how the parent can control the home environment by what they say. Assign each group a scenario. They must think of a response that would elicit a heartache and a heartsong. Each group will report their ideas to the entire group. Discuss how teachers can work with parents to help them establish a supportive home environment in which their child can develop and learn. Note how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence this facilitation.

PLAY: A GIFT FROM THE HEART

"Hey, look what I made! A castle 'way up to the sky. I put lots and lots of leaves up on top — they can be flags. Hey, you want to play too? We can make a birthday cake — a great big birthday cake 'way up to the sky, with candles on top. There. I know ... let's smash it down. You're my friend, okay? Hey, look what we made!"

Play helps a child find out who he is or where she fits in. In fact, play is a child's most important activity. Through play, children encounter their world and deal with it at their level. Through play, they learn logical thinking and problem-solving. They develop their senses and their muscles. They learn how to get along with each other. For a child, play is a more profound experience than most adults realize.

Reprinted with permission: Jasinek, D. and Ryan, P. B. (1989) *How to Build a House of Hearts,* Compcare Publishers, Division of Comprehensive Care, Inc., Minneapolis, MN.

LANGUAGE OF THE HEART

Never underestimate the power of politeness.

Just by speaking courteously, you may be able to bring out the very best in people you live with. Give them a chance to talk. Listen patiently. And soften your voice. A soft voice can tame adult anger and smooth over teenage traumas.

As for little children — they love whispers. Stooping down to their level and looking directly into their eyes can make the difference between heartaches and heartsongs.

HEARTACHES	**HEARTSONGS**
You didn't stay inside the lines	That's special. I can see that you worked hard.
Look how dirty you are!	Looks like you had fun today.
What's that supposed to be?	I like black.
NO!	Let's talk about that before we decide
Get over here right now!	I need you with me.
I TOLD YOU SO.	That was harder than you thought.

Reprinted with permission from: Jasinek, D. and Ryan, P. B. (1989) *How to Build a House of Hearts*, Compcare Publishers, Division of Comprehensive Care, Inc., Minneapolis, MN.

S-H20

SCENARIOS
HEARTACHES OR HEARTSONGS

1. Four-year-old Sara is eating breakfast. The bus will be coming in 10 minutes. She spills her juice while reaching for the cereal.

   What could you say that could cause a heartache?
   Heartsong?

2. Three-year-old Kenny wants to help his father wash the car. He accidentally squirts his father with the hose.

   What could you say that could cause a heartache?
   Heartsong?

3. Five-year-old Christi is drawing with crayons. She scribbles through her picture and says "I can't draw."

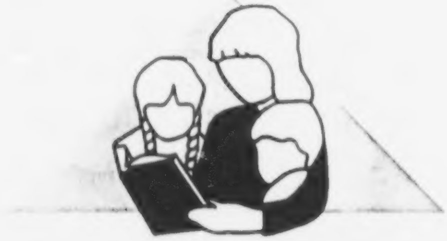
   What could you say that could cause a heartache?
   Heartsong?

4. Five-year-old Johnny comes home from school. When asked about his day he begins to cry and says, "Nikki doesn't like me."

   What could you say that could cause a heartache?
   Heartsong?

GOAL 4

Family Collaboration



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LEVEL: STAFF

GOAL: **#4** Identify available programs and resources that support the needs of children and families.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will know how to assist families in accessing available resources and programs supporting the needs of children and families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Leader will define and provide examples of programs and supportive resources for families and children.	1. Transparency/Handout (S-T17 and 18) *Resources: Informal/Formal* *Available Resources*	1. Discuss meaning of categories on the *Available Resources* Transparency and the *Formal/Informal Resource* Transparency.
2. Large group activity Participants will generate and record a list of available resources with which they are familiar. Participants will share and discuss programs and supportive resources they have compiled. a. Discuss how each program or resource supports needs of family.	2. Handout (S-H21) *Personal Information Sheet*	2. Participants will use *Available Resources* Handout to record list. Leader will categorize on a flip chart or overhead the programs and resources hey have compiled. Suggest to the participants that they might want to record information on the *Personal Information Sources.*
3. Large group activity Leader will provide information on Ohio programs and supportive resources.	3. Handout (S-H22, 23, 24, 25 and 26) *Federally Funded Parent Organizations in Ohio* *National Resources for Parent Programs* *Ohio Resources for Parent Programs* *Other Resources* *Training Ohio's Parents for Success (TOPS)*	3. Review Handouts on support programs and resources. Highlight the *Ohio Coalition for the Education of Handicapped Children* and *TOPS.*

S-T17

RESOURCES

INFORMAL

(Enables individuals to meet personal needs)

Spouse

Family

Family

Friends

Co-Workers

Neighbors

Religious Affiliations

Member of Social Club

FORMAL

(Organized in structure)

Local Level

State Level

Regional Level

National Level

AVAILABLE RESOURCES

DIRECTIONS: List local resources with which you are familiar. Share with others to develop complete list of community resources.

COMMUNITY AGENCIES (PRIVATE/PUBLIC)

PROGRAMS

FUNDING RESOURCES

COMMERCIAL PROGRAMS

FAMILY RESOURCES

PEOPLE RESOURCES

Adapted from Maria Sargent, Kent State University (1990).

PERSONAL INFORMATION SOURCES

TOPIC	SOURCES I HAVE	SOURCES TO INVESTIGATE

Adapted from Maria Sargent, Kent State University (1990).

FEDERALLY FUNDED PARENT ORGANIZATIONS IN OHIO

TRI-STATE ORGANIZED COALITION
FOR PERSONS WITH DISABILITIES
SOC Information Center
3333 Vine Street, Suite 604
Cincinnati, Ohio 45220
(513) 861-2475

OHIO COALITION FOR THE EDUCATION
OF HANDICAPPED CHILDREN
933 High Street, Suite 106
(614) 431-1307
Director: Margaret Burly

NATIONAL RESOURCES FOR PARENT PROGRAMS

NaDSAP

National DIRECTION Services
Assistant Project (NaDSAP)
The National Parent CHAIN
933 High Street, Suite 106
Worthington, OH 43085
(614) 431-1307

NaDSAP is a technical assistance project aimed at helping states design, develop, and implement statewide systems of DIRECTION services.

STOMP

Specialized Training of Military
Parents (STOMP)
Georgia/ARC
1851 Ram Runway, Suite 104
College Park, GA 30337
(404) 767-2258

Specialized Training of Military
Parents (STOMP)
12208 Pacific Highway, SW
Tacoma, WA 98499
(206) 588-1741

STOMP provides information and training to military families with children who have special educational needs. The project assists parents in networking within the military and civilian community. Services are provided to families both in the United States and overseas.

TAPP

Technical Assistance for Parent
Program (TAPP)
312 Stuart Street, 2nd Floor
Boston, MA 02116
(617) 483-2915

TAPP provides technical assistance for programs that work with parents of children with disabilities. Technical assistance is provided through the following four regional centers.

New Hampshire Parent Information
Center (PIC)
155 Manchester Street
P.O. Box 1422
Concord, NH 03301
(603) 224-6299

Parent Advocacy Coalition for
Educational Rights (PACER)
4826 Chicago Avenue, South
Minneapolis, MN 55417-1055
(612) 827-2966

Parents Educating Parents
Georgia/ARC
1851 Ram Runway, Suite 104
College Park, GA 30337
(404) 761-2745

Parents Advocating Vocational
Education
6316 S. 12th Street
Tacoma, WA 98645
(206) 565-2266

OHIO RESOURCES FOR PARENT PROGRAMS

Programs for Infants and Toddlers With Handicaps: Ages Birth Through 2

Ohio Department of Health
Div. of Maternal and Child Health
131 N. High Street, Suite 411
Columbus, OH 43215
(614) 644-8389

Programs for Children With Handicaps: Ages 3 Through 5 Served in Public Schools

Ohio Department of Education
Jane Wiechel, Director
Karen Sanders, Consultant
Mary Lou Rush, Consultant
Division of Early Childhood Education
65 S. Front Street, Room 202
Columbus, OH 43266-0308

Programs for Children With Special Health Care Needs

Ohio Department of Health
Division of Maternal and Child Health
246 N. High Street
Columbus, OH 43266-0308
(614) 466-3263

Programs for Children With Handicaps: Birth to Five Served in County Boards of MR/DD

Ohio Department of Mental Retardation and Developmental Disabilities
Office of Children's Services
30 E. Broad Street, Room 1275
Columbus, OH 43215
(614) 466-7203

Client Assistance Program

Governor's Office of Advocacy for People With Disabilities
Client Assistance Program
8 E. Long Street, 7th Floor
Columbus, OH 43215
(614) 466-9956

State Vocational Rehabilitation Agency

Rehabilitation Services Commission
400 E. Campus View Boulevard
Columbus, OH 43235
(614) 438-1210

State Mental Health Representative for Children and Youth

Ohio Department of Mental Health
Bureau of Children's Services
30 E. Broad Street, 11th Floor
Columbus, OH 43215
(614) 466-2337

State Developmental Disabilities Planning Council

Ohio DD Planning Council/
Department of MR/DD
Developmental Disabilities Program
8 E. Long Street, 6th Floor
Columbus, OH 43215
(614) 466-5205

Protection and Advocacy Agency

Ohio Legal Rights Service
8 E. Long Street, 6th Floor
Columbus, OH 43215
(614) 466-7264
(800) 282-9181 (in Ohio)

State Education Agency Rural Representation

Ohio Department of Education
Division of Special Education
933 High Street
Worthington, OH 43085
(614) 466-2650

OTHER RESOURCES

For People With Disabilities

AUTISM

Ohio State Society
Autism Society of America
OSU, 320 10th Avenue
Columbus, OH 43212
(614) 292-3881

CEREBRAL PALSY

United Cerebral Palsy of Ohio
P.O. Box 14780
Columbus, OH 43214
Telephone N/A

EPILEPSY

Epilepsy Association of Central Ohio
144 E. State Street, 2nd Floor
Columbus, OH 43215
(614) 228-4401

LEARNING DISABILITIES

Ohio Association for Children with
Learning Disabilities
2800 Euclid Avenue, Suite 125
Cleveland, OH 44115
(216) 861-6665

MENTAL RETARDATION

Executive Director
Ohio Association for Retarded
Citizens
360 S. Third Street, Suite 101
Columbus, OH 43215
(614) 228-4412

MENTAL HEALTH

Director
Mental Health Association of Ohio
50 W. Broad Street, Suite 2440
Columbus, OH 43215
(614) 221-5383

SPEECH AND HEARING

Ohio Speech and Hearing Association
9331 S. Union Road
Miamisburg, OH 45342
(513) 866-4972

SPINA BIFIDA

Spina Bifida Association
Ohio State Coalition
3675 Dragonfly Drive
Columbus, OH 43204
(614) 276-0959

University Affiliated Programs

University Affiliated Cincinnati Center
for Developmental Disabled
Pavilion Building
Elland and Bethesda Avenues
Cincinnati, OH 45229
(513) 559-4623

The Nisonger Center
The Ohio State University
McCampbell Hall, 11581 Dodd Drive
Columbus, OH 43210-1205
(614) 292-8365

Parent Training Information Projects

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Ohio Coalition for the Education of
933 High Street, Suite 106
Worthington, OH 43085
(614) 431-1307

Tri-State Organized Coalition for
Persons with Disabilities (SOC)
106 Wellington Place, Lower Level
Cincinnati, OH 45219
(513) 381-2400

S-H26

TRAINING OHIO'S PARENTS FOR SUCCESS (TOPS)

Training Ohio's Parents for Success (TOPS) is a program for increasing parent involvement in the education of their children. TOPS is designed for the preschool level through high school and provides experiences for parents that enables them to create a positive environment for the learning and development of their children. Funded through an Ohio Department of Education Grant, TOPS is a program to help school districts provide training in effective parenting skills. TOPS training focuses on six content areas:

1. Understanding Human Growth and Development
2. Communication Between the Child and the Parent
3. Discipline
4. Health and Nutrition
5. Problem Solving and Decision Making
6. Study Skills and Access to Support Systems

For more information about TOPS, contact your local school district or the Ohio Department of Education, Division of Educational Services, 65 S. Front Street, Room 719, Columbus, OH 43226 (614) 466-4590.

LEVEL: STAFF

GOAL: **#4** Identify available programs and resources that support the needs of children and families.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will develop a system for linking families with available resources.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Participants will learn to help families recognize their capabilities and provide opportunity for them to identify the family and/or child's needs.	1. Transparency/Handout (S-T19) *Potential Family Needs*	1. Present Transparency on *Potential Family Needs* and have participants add to list. Discuss need for parent advocate. Note how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence these needs.
2. Large group activity Discuss how participants might assist families in choosing their own support systems, resources, and programs they need.	2. Transparency/Handout (S-T20) *Family Directed Support*	2. Present Transparency on *Family Directed Support* and discuss. Emphasize concept that families need to feel competent to make choices. Ask how participants might do this. Discuss how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence the "linking" process.
3. Large group activity Have participants match agency by initials to their proper name, i.e., C.A.C. - Community Action Commission.	3. Handout/Transparency (S-H27) *Alphabet Soup Programs:* From Family Ties Transparency/Handout (S-T21) *Alphabet Soup Programs:* From Family Ties Part II **Supplemental Resources** Resources: Dunst, C. J. and Deal, A. (1989) "A Family Assessment and Intervention Model for Developing Individualized Family Support Systems."	

POTENTIAL FAMILY NEEDS

1. Respite Care
2. Child Care
3. Ophthalmologist
4. Early interventionist to assess current eating skills.
5.
6.
7.
8.
9.
10.

S-T20

FAMILY DIRECTED SUPPORT

1. Family members need to be treated as competent individuals who have capability of making their own choices.
2. Enable families to build on their strengths instead of focusing on deficits.
3. Focus on families' competencies to make healthy life choices instead of trying to remediate and fix the child/family.
4. Treat families as partners rather than clients, who can choose what support systems and resources they believe they need.
5. Broaden the scope of the families' support systems to encompass the diverse needs of families and have an awareness of cultural differences.
6. Facilitate the participation of families in community support systems that provide integration into the mainstream of society.

Adopted from: Dunst, C. J. and Deal, A. (1989) Draft. "A Family Assessment and Intervention Model for Developing Individualized Family Support Systems."

ALPHABET SOUP PROGRAMS

HAVE YOU HEARD OF THESE PROGRAMS? WHO ARE THEY FOR AND WHAT DO THEY DO?

SSI HHS

YWCA SERRC

WIC FSA

BVR

CAC MR/DD

CSB ARC

HEALTHCHECK

CMH

ADC

RSC BSVI

Reprinted with permission from: *Family Ties*, the Ohio Coalition.

ALPHABET SOUP PROGRAMS
PART II

1. WIC
2. HEALTHCHECK
3. SSI
4. CMH
5. HHS
6. CSB
7. MR/DD
8. ADC
9. YWCA
10. BVR
11. SERRC
12. ARC
13. CAC
14. RSC
15. BSVI
16. FSA

A. Mental Retardation and Developmental Disabilities
B. Aid to Families with Dependent Children
C. Bureau for Services for the Visually Impaired
D. Women, Infants, and Children
E. Young Women's Christian Association
F. Bureau Vocational Rehabilitation
G. Community Action Committee (Headstart)
H. Supplemental Security Income
I. Community Mental Health
J. Early Periodic Screening, Diagnosis, and Treatment
K. Family Service Association
L. Association for Retarded Citizens
M. Rehabilitation Services Commission
N. Special Education Regional Resource Center
O. Children's Services Board
P. Health and Human Services

Can you think of other alphabet soup programs?

Reprinted with permission from: *Family Ties*, the Ohio Coalition.

LEVEL: STAFF

GOAL: **#4** Identify available programs and resources that support the needs of children and families.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will respect and support families in their choices of programs and resources.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Provide approaches to participants which empower families to take responsibility for accessing their own programs. a. Participants will generate a list of barriers that frustrate families in accessing resources and programs and provide strategies to overcome these barriers. b. Present and discuss the concept of Family-Centered Approach vs. Agency-Centered. c. Present and discuss the concept of "Family Resource Programs."	1. Transparencies (S-T22, 23, 24, 25, and 26) *An Ancient Chinese Proverb* *Resources: Barriers/Strategies* *Child-Centered Approach* *Child/Parent Training* *Family-Centered Approach* Handout (S-H28 and 29) *Aims of Family Resource Programs* *Six Principles of Family Resource Programs that Strengthen and Support Families*	1. Present *An Ancient Chinese Proverb* Transparency and relate it to "parents as decision makers." a. Ask participants to think of barriers that different cultures might encounter (e.g. income, housing, space, transportation, child care strategies). Discuss how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence barriers and solutions. b. Present and discuss Transparencies on the *Child/Centered, Child/Parent Training,* and *Family-Centered Approach.* Discuss how professionals can support a Family-Centered Approach when working with 3- to 5-year-old children with disabilities. c. Highlight and discuss the following concepts, using the Handouts on *Aims of Family Resource Programs that Strengthen Families.* Note diversity issues.

S-T22

“TELL ME,

I FORGET.

SHOW ME,

I REMEMBER.

INVOLVE ME,

I UNDERSTAND.”

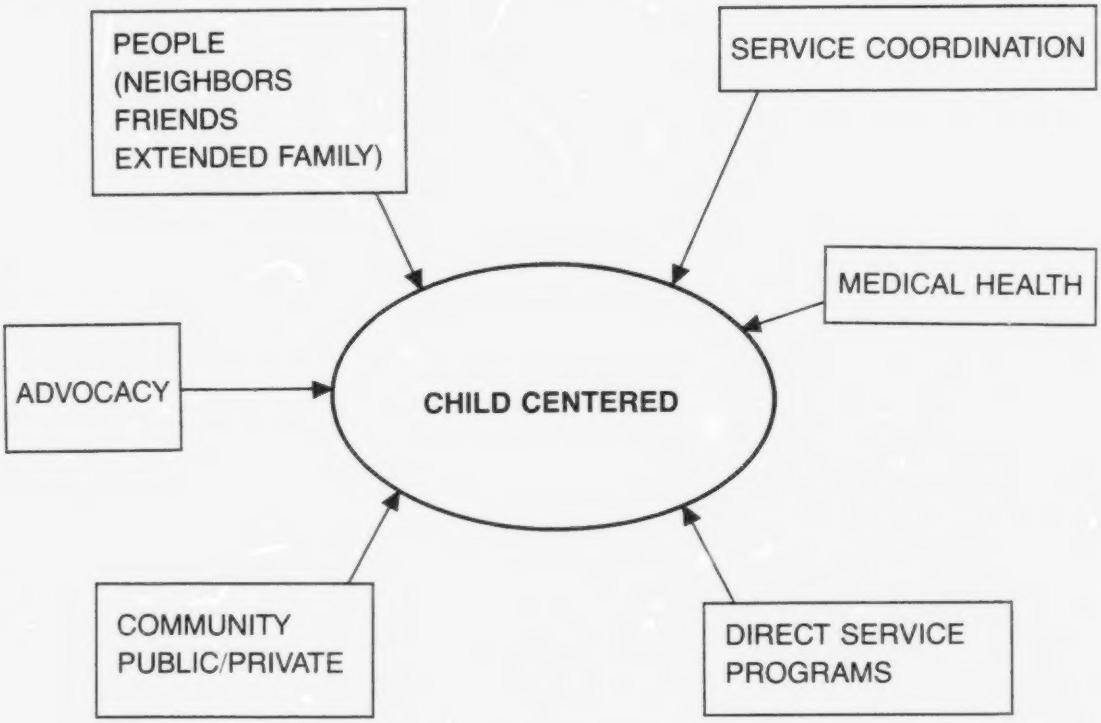
An Ancient Chinese Proverb

Found in “A Family-Centered Assessment and Intervention Model for Developing Individualized Family Support Plans” by Carl J. Dunst, Ph.D. and Angela G. Deal, M.S.W. (1990-Draft).

RESOURCES

BARRIERS	STRATEGIES

S-T24



PEOPLE
(NEIGHBORS
FRIENDS
EXTENDED FAMILY)

SERVICE COORDINATION

MEDICAL HEALTH

ADVOCACY

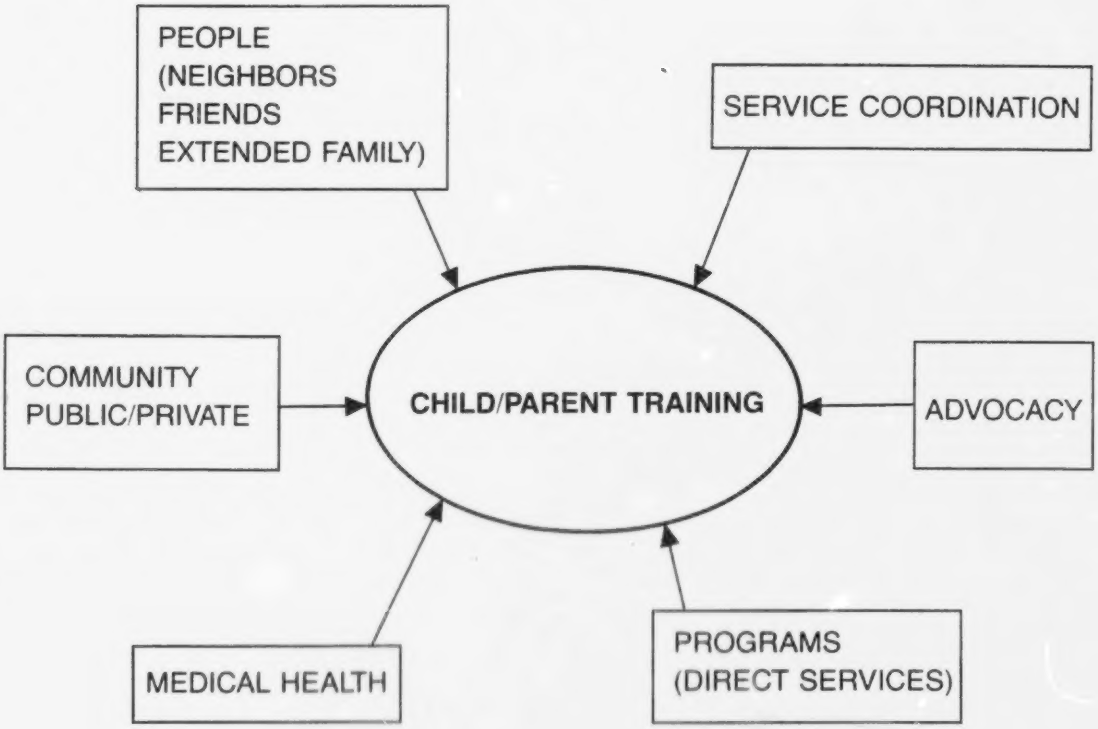
CHILD CENTERED

COMMUNITY
PUBLIC/PRIVATE

DIRECT SERVICE
PROGRAMS

*Emphasis on meeting child's needs. Parents have little opportunity for deciding what they need. Professionals/paraprofessionals decide what the child needs.

Adapted from: (1989) Dunst, C. J. "A Plea for Parsimony in Implementation of Family-Centered Early Intervention Practices." *Assessment and Intervention Practices*, Volume 1, No. 1 and (1989) Lenhart, Sherry and Jackson, J. *Overview: Family-Centered Coordinated Service Coordination.*



PEOPLE
(NEIGHBORS
FRIENDS
EXTENDED FAMILY)

SERVICE COORDINATION

COMMUNITY
PUBLIC/PRIVATE

CHILD/PARENT TRAINING

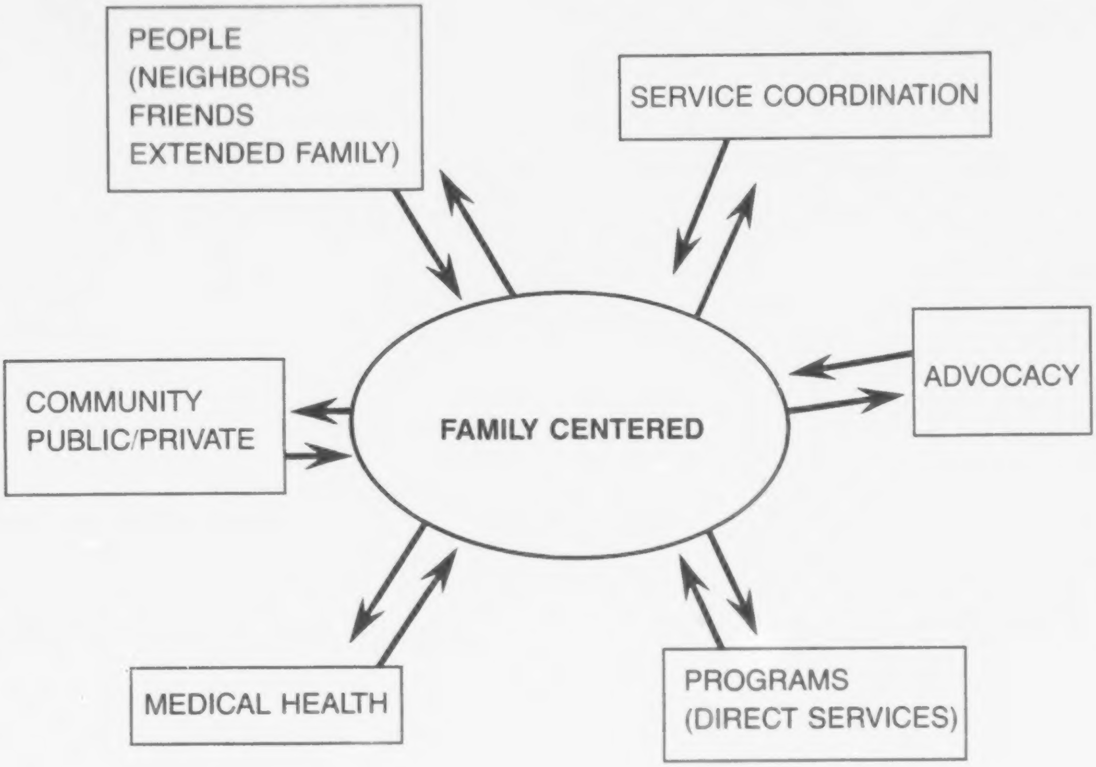
ADVOCACY

MEDICAL HEALTH

PROGRAMS
(DIRECT SERVICES)

*Needs of family are considered, but only those related to the development of their child. Needs are met by providing some sort of parent training.

Adapted from: (1989) Dunst, C. J. "A Plea for Parsimony in Implementation of Family-Centered Early Intervention Practices." *Assessment and Intervention Practices*, Volume 1, No. 1 and (1989) Lenhart, Sherry and Jackson, J. *Overview: Family-Centered Coordinated Service Coordination*.


PEOPLE
(NEIGHBORS
FRIENDS
EXTENDED FAMILY)
SERVICE COORDINATION
COMMUNITY
PUBLIC/PRIVATE
FAMILY CENTERED
ADVOCACY
MEDICAL HEALTH
PROGRAMS
(DIRECT SERVICES)

*Needs of children, family members, and family itself are the focus, and thus enables and empowers families to identify their own needs and find the resources to meet these needs.

Adapted from: (1989) Dunst, C. J. "A Plea for Parsimony in Implementation of Family-Centered Early Intervention Practices." *Assessment and Intervention Practices*, Volume 1, No. 1 and (1989) Lenhart, Sherry and Jackson, J. *Overview: Family-Centered Coordinated Service Coordination.*

S-H28

AIMS OF FAMILY RESOURCE PROGRAMS

The goals of Family Resource Programs are to:

> "enable and empower people by enhancing and promoting individual and family capabilities that support and strengthen family functioning."
> (1990, Dunst, Trivette, and Thompson, p. 4)

The premise is that all families have strengths.

1. Instead of providing direct services to families, professionals, and paraprofessionals, faciliate families in making choices of resources and support programs that will help their children grow and develop to their potential.
2. Professionals and paraprofessionals facilitate families to become more capable and competent.
3. Professionals and paraprofessionals provide strategies to families that strengthen individual and family functioning.

Adapted from: Dunst, Carl J., Trivette, Carol M. and Thompson, Rebekah B. (1990) "Supporting and Strengthening Family Functioning: Toward a Congruence Between Principles and Practice." *Prevention in Human Services*, 9 (1) in press.

S-H29

SIX PRINCIPLES OF FAMILY RESOURCE PROGRAMS THAT STRENGTHEN AND SUPPORT FAMILY FUNCTIONING

Dunst, C. J. (1989) and Dunst, C. J., Trivette, C. M. and Thompson, R. B. (1990)

1. **Enhance a sense of community.**

   Professionals and families pursue goals that encourage each individual to rally together around shared values and a common concern for all members of the community.

2. **Mobilizing resources and supports.**

   Professionals and paraprofessionals recognize and appreciate the importance of informal support systems as resources for families, e.g., friends.

3. **Shared responsibility and collaboration.**

   Professionals and families share ideas, knowledge, and skills which encourage parent/professional partnerships and collaboration instead of "client-professional relationship."

4. **Protecting family integrity.**

   Professionals and paraprofessionals are culturally sensitive to family value systems and beliefs (e.g., avoiding eye contact out of respect).

   Professionals and paraprofessionals need to learn about cultures in their region and what the parameters of each culture is, e.g., Jehovah Witness, Navaho Indians, Asian Americans, African Americans, and Hispanic and how they affect the families' participation in Family Resource Programs.

   Professionals and paraprofessionals need to redefine definitions of what constitutes a family, which can differ from culture to culture (1989) Anderson, P. P. and Fernichel, E. S.

   Is there an extended family? Are there step-parents, single parents, boyfriend, etc.?
   What is the family hierarchy and how does it affect child-rearing practice?
   Who serves as the traditional leader, family nurturer? (1989) Anderson, P. P. and Fernichel, E. S.
   What are the discipline practices in the home? (1989) Anderson, P. P. and Fernichel, E. S.
   What are the culture beliefs and practices concerning health, illness, disability? (1989) Anderson, P. P. and Fernichel, E. S.

5. **Strengthening family functioning.**

   Provide opportunities and experiences that enhance families and its members to master a wide range of developmental tasks and functions instead of focusing on deficits.

6. **Human service practices.**

   There are three Human Service Intervention Models:

   A. **Treatment Approach** (corrective) — Focus is on remediation or reduction of problem. Goal is to minimize negative effects of problem (deficit-based). Child-Centered Approach.

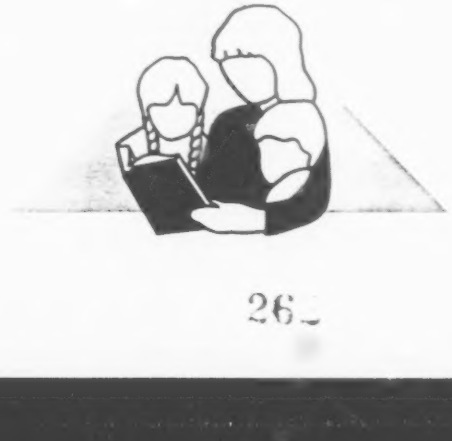
   B. **Prevention Approach** (protection) — Occurs prior to onset of problem disorder. Goals are to deter or reduce occurrence of incidence (weakness-based). Parent/Training Based Approach.

   C. **Promotion Approach** — Focus is on enhancing and optimizing positive (growth-enhancing) functioning of family and children. Provides strategies for developing competence and capabilities of families to help them make decisions about supportive programs and resources. It is a *proactive* approach and strength-based approach. (1990) Dunst, C. J., Trivette, C. M. and Thompson, R. B. Family-Centered Approach.

Instead of correcting deficits, families are able to cope with difficult life events and achieve both growth-oriented and personal goals.

Families develop high levels of self-esteem and believe they can solve their own problems and respond to life events independently if provided with support programs and informal and formal resource options.

Family Collaboration



GOAL 5

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LEVEL: STAFF

GOAL: **#5** Be aware of available related services that support the needs of children and families.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will know how to identify/access related services supporting the needs of children and families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Participants will learn the definitions of related services. a. Leader will discuss definition of related services as found in the *Rules for the Education of Preschool Children With Disabilities Served by Public Schools and County Boards of Mental Retardation and Developmental Disabilities Chapter* (3301-31).	1. Transparency/Handout (S-T27, 28 and 29) *Related Services Definition* 3301-51-05 *Related Services for Handicapped Children* *List of related services* Handout (S-H30) *Related Services Roles*	1. Leader will ask group to generate a list of related services and definitions. Leader will discuss the implications of the *Rules*.
2. Large group activity Leader will define roles of related services that might be needed for preschool children.		2. Leader may want to provide examples of how specific disabilities might create a need for particular related services (e.g., OT/PT will probably be needed for student with physical disability).

S-T27

"RELATED SERVICES"

UU. "RELATED SERVICES" means transportation and such developmental, corrective, and other support services as are required to assist a handicapped child to benefit from special education and includes those services described in rule 3301-51-05 of the Administrative Code, and Chapter 3301-31 of the Preschool Rules for Children With Disabilities.

From: **Rules for the Education of Handicapped Children.**
(3301-51-01 DEFINITIONS. UU., p. 10)

See: **Rules for the Education of Preschool Children.**
(301-31-05, Funding, E., 1-9, pp. 11-15)

3301-51-05 RELATED SERVICES FOR HANDICAPPED CHILDREN

[RELATED SERVICES] “may also include other developmental, corrective, or supportive services, such as counseling services, recreation, school health services, and parent counseling and training, if they are required to assist a handicapped child to benefit from special education”
(Paragraph a.2. in the **Administrative Code**).

See: **Rules for Preschool Programs, Chapter 3301-37.**
(301-31-05 Funding, E., 1-99, pp. 11-15)

The following "Related Services" may be provided in accordance with Rule 3301-51-05 of the **Administrative Code** and the Rule 301-31-05 for **Preschool Rules**

Attendant Services

Guide Services

Medical Services

Orientation and Mobility Services

School Psychological Services

Vocational Special Education Coordinator Services

Work Study Service

Aide Services

Audiological Services

Interpreter

Occupational Service

Reader Services

Supervisory

RELATED SERVICE ROLES

ATTENDANT SERVICES

The attendant assists the orthopedically and/or other health handicapped or multihandicapped child with personal health care needs within the confines of the educational setting.

AIDE SERVICES

An aide assists the teacher or professional in center or a special class/learning center or in other areas of handicap which require the provision of special education or related services.

AUDIOLOGICAL SERVICES

An audiologist conducts screening and diagnosis of hearing problems and makes appropriate referrals to medical and other professional specialists. Other services include providing habilitative activities such as auditory training, speech reading (lip reading) and counseling to pupils, parents, and teachers regarding the child's hearing loss. The audiologist is also responsible for determining the child's need for group and individual amplification, providing for the selection and fitting of an appropriate hearing aid, evaluating the effectiveness of amplication, and creating and coordinating conservation of hearing programs.

GUIDE SERVICES

A guide for a visually handicapped child will be responsible for assisting the visually handicapped child in his or her travels within the confines of the educational setting.

INTERPRETER SERVICES

The interpreter is responsible for providing oral, simultaneous or manual interpreter services, depending upon the individual needs of the children served, to hearing handicapped children.

MEDICAL SERVICES

"School districts shall make available, at no cost to the parent, a medical evaluation as is necessary to determine initial or continued eligibility for special education and related services as required by the eligibility section for such handicapping condition of the Administrative Code." (3301-51-05, H. 1., p. 79 in the Administrative Code).

OCCUPATIONAL THERAPY SERVICES

The occupational therapist (OT) provides an occupational therapy evaluation, assists in the development of the individualized education plan, and provides therapy which will 1) improve, develop, or restore functions impaired or lost through illness, injury, or deprivation; 2) improve ability to perform tasks for independent functioning when functions are impaired or lost; and 3) prevents, through early intervention, initial or further impairment or loss of function. Included in this are eye-hand coordination, visual-motor perception, and skills for daily living.

ORIENTATION AND MOBILITY SERVICES

The orientation and mobility instructor provides an orientation and mobility evaluation, assists in the development of the individualized education plan, orients handicapped children to their physical, cultural, and social environment, and provides those children with an understanding of their environment and with formalized skills for daily living.

PHYSICAL THERAPY SERVICES

The physical therapist (PT) provides therapeutic exercise plans which are designed for each individual child to improve or maintain strength and/or range of motion and to encourage motor and reflex development. Each individual therapy plan is based on the physician's prescription and the therapist's evaluation of the child. The PT may recommend adaptive equipment to aid the child in performing ambulation, physical exercise, communication skills, wheelchair activities, and proper positioning.

READER SERVICES

The reader provides services for visually handicapped children, which includes reading orally the school assignments for the visually handicapped child for whom this service is deemed appropriate.

SCHOOL PSYCHOLOGICAL SERVICES

The school psychologist provides intensive psycho-educational evaluation of individual children identified as or thought to be handicapped, contributes to the written report of the evaluation team, and clarifies the results of the psycho-educational evaluation for consideration in the development of the IEP, contributes to a multifactored evaluation, consults with teachers, parents, and other educators on matters relating to the education and/or mental health of handicapped children to insure the provision of the most appropriate education program, and provides counseling individually and in groups with handicapped students and/or their parents.

SPEECH AND LANGUAGE SERVICES

The speech-language pathologist conducts screening, diagnosis, and treatment of children with communication disorders. The speech-language pathologist must conduct a multifactored evaluation that includes, but is not specific to, evaluations in the following areas:

1) Communicative Status
2) Hearing
3) Educational Functioning

The speech-language pathologist is also responsible for referral for medical or other professional attention necessary for the habilitation of speech and language handicaps, providing speech and language services for the habilitation or prevention of communicative handicapped, and providing counseling and guidance to parents, children, and teachers regarding speech and language handicapped.

LEVEL: STAFF

GOAL: **#5** Be aware of available related services that support the needs of children and families.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will be able to link families with appropriate related services.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Leader will recruit and present a panel of related service personnel who will provide information regarding supportive resources and related services.	1. Panel will consist of six to eight people who represent a cross-section of related service personnel or other individuals who have knowledge of related service roles. A parent could also serve on this panel.	1. Leader will guide a question and answer period after the panel members have presented information on their roles. Leader might facilitate panel members in discussing *how* to access related services, and encourage discussion on ways to enable parents *when* to seek help and *where* to seek help. Emphasize diversity issues that might inhibit families from accessing related services (e.g., ability, cultural, racial, religious, gender, etc.).

LEVEL: STAFF

GOAL: **#5** Be aware of available related services that support the needs of children and families.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will empower families to take on the responsibility of accessing related services and choosing the appropriate one.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Brainstorm strategies/barriers that enable/ prevent families to take responsibility for accessing related service.	1. Transparency/Handout (S-T30) *Barriers/Strategies* Handout (S-H31) *Barriers to Seeking and Getting Support*	1. Leader will list strategies/barriers on a flip chart or blackboard. Some examples might include: guilt and anger anxiety marital stress relatives Discuss *Barriers to Seeking and Getting Support* Be sure to address how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might effect both the barriers and appropriate strategy selection. Also discuss how professionals feel about empowering families in this fashion (e.g., do they ever feel in conflict with school administration?).
2. Discuss strategies that can enable families to overcome these barriers.	2. Transparency/Handout (S-T31) *Guidelines for Enabling and Empowering Families*	

RELATED SERVICES

BARRIERS

STATEGIES

S-H31

BARRIERS TO SEEKING AND GETTING SUPPORT

ISOLATION the feeling that:

I am alone and "I" am the only one that has felt like this.
No one else has ever experienced what I am experiencing.
There isn't anyone to help me.
My problems are different from those of others.
You are weak if you ask for help.

DENIAL OF DISABILITY the feeling that:

My child will outgrow this.
Why should I go to that support group — he's O.K.
Others think that he will outgrow it — maybe there's been a mistake.

EXTREME SENSE OF RESPONSIBILITY the feeling that:

This is my responsibility. I am an adult, I should be able to handle it.
I don't want to force my responsibilities on other people.
I don't want to burden others. My child/family situation is a burden that others shouldn't have to deal with.
No one else can do it but me.

BELIEF THAT OTHERS DON'T WANT TO HELP

Others don't want to hear about my problems. They have enough of their own.
Others don't really want to know or they would ask me more.
Others don't want to be bothered. They don't really care.
I don't want to infringe on other people's lives.
Others get too upset when they hear about my problems. They can't deal with my problems.
Others don't know enough to help, so I don't trust them.

NEED TO BE A "PERFECT" PARENT

I wanted these kids. I should adore and take care of them.
I should be able to cope with my own children. I should be able to handle anything and everything.
My children need me. No one else is as good at dealing with them. No one can love or protect them the way that I can.

LACK OF ENERGY OR STRENGTH TO SEEK HELP

It's too complicated to find and use a support system. It's easier to just do everything myself.
I'm too tired to bother. I'll just let it go.
It takes so much energy to explain my situation to others.

UNSURE WHERE TO LOOK OR WHO TO BELIEVE

I don't have the faintest idea who could help me with this. I don't know where to turn.
Everyone tells me something different. I don't know which support is right.

LACK OF INFORMATION

I don't even know what questions to ask.

How do I begin to build my knowledge?

Who can help — is this part of my development?

LACK OF SELF-ESTEEM

I asked for support and was rejected — I won't chance that again.

I'm overwhelmed. My emotions are different and changeable.

I don't feel good about myself.

FEAR OF REJECTION OR REFUSAL

Even if I get my courage up, they'll just refuse. I don't want to be hurt when they refuse.

I don't want to be "put to the test." I don't want to subject my friends and family to "that kind of scrutiny."

I don't want to find out who doesn't really support me.

If I ask, it may terminate our friendship.

UNREALISTIC EXPECTATIONS (PROBABLY THE SINGLE BIGGEST OBSTACLE IN GETTING SUPPORT)

I expect others to "see" my need and to offer support. I think that others will "know" when I need assistance.

I expect others to have some kind of "radar" that picks up my signals. I think I'm sending loud and clear signals.

I expect others to be "mind readers." I expect them to not only offer their help but automatically know how to help me best.

Isn't what I need glaringly self-evident?

I expect to get help and support without asking for it. (Note: The most difficult part of using the support network we have is ASKING. Most of us have a hard time expressing needs and wants clearly and specifically. We expect others feel lost. They may want to offer support but fear offending our pride or independence. Others may have no idea how to approach us or what to do to help us.)

RESENTMENT

Why do I have to "do it all" ... learn about my child, advocate for my child, keep records, schedule and assume responsibility for asking for help, and putting others at ease.

It is unfair that I have the responsibility to seek support, to explain, and to feel different.

I don't want the responsibility for making a supporter comfortable.

WANT PERFECTION FROM THOSE WHO SUPPORT US

It's easier to do it myself. Then I won't be disappointed if people don't do exactly what I want.

Others don't understand what I really need, so I usually do it for myself.

S-H31

LACK OF ACKNOWLEDGMENT

I don't know how to recognize people who provide support. I feel embarrassed.
I don't want to embarrass my supporters or make them feel uncomfortable.
They already know how much they contribute to my life and how much I appreciate it. There is no need to get sloppy about it.

Acknowledgment is something more than just thanking someone who supports you. Acknowledgment is a public statement, an announcement, naming people who support you in your life and telling how that support contributes to the value and meaning of your life; as well as how that support contributes to the value and meaning of the people for whom they are intended. It is possible to acknowledge this support even if the individuals are not present.

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GUIDELINES FOR ENABLING AND EMPOWERING FAMILIES

- Be both positive and proactive in interactions with families.
- Offer help in response to family-identified needs.
- Permit the family to decide whether to accept or reject help.
- Offer help that is normative.
- Offer help that is congruent with the family's appraisal of their needs.
- Promote acceptance of help by keeping the response costs low.
- Permit help to be reciprocated.
- Promote the family's immediate success in mobilizing resources.
- Promote the use of informal support as the principal way of meeting needs.
- Promote a sense of cooperation and joint responsibility for meeting family needs.
- Promote the family members acquisition of effective behavior for meeting needs.
- Promote the family member's ability to see themselves as an active agent responsible for behavior change.

Source: Dunst, C. J., Trivette, C. M. and Deal, A. G. (1988) *Enabling and Empowering Families: Principles and Guidelines for Practice*. Cambridge, MA, Brookline.

PROJECT PREPARE

Modules for Competency-Based
Personnel Preparation in
Early Childhood Education

Family Collaboration

BEST COPY AVAILABLE

Administrator

GOALS

1. Understand/develop working relationships between parents and professionals.
2. Understand family dynamics.
3. Be able to faciliate family establishment of a home environment that supports learning in young children.
4. Identify available programs and resources that support the needs of children and families.
5. Be aware of available related services that support the needs of children and families.

GOAL 1

Family Collaboration

BEST COPY AVAILABLE

LEVEL: ADMINISTRATOR

GOAL: **#1** Understand/develop a working relationship between parents and professionals.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will review the concept of intra/interpersonal skills.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Introduction: "Hat Trick" Provide opportunity for individuals to experience intrapersonal communication.	1. "Hat Trick" (A-L1)	1. Speaker will discuss with audience "Hat" observations. Discuss how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) also influence communication.
2. Introduce and define intrapersonal and interpersonal factors and how they affect communication skills.	2. Transparency/Handout (A-T1) *The Communication Model*	2. Lead the group in a discussion of the importance of learning about one's self before interacting with others.
3. Provide opportunity for group to explore interaction group activities.	3. Handout (A-H1) *NASA Consensus Exercise* Transparency/Handout (A-T2) *Guidelines for Implementing Parent Programs*	3. Divide into small groups. Complete *NASA Consensus Exercise*. Discuss roles each person took as a result of this experience (i.e., leader, compromiser, etc.). Discuss how intrapersonal and interpersonal factors can affect implementation of parent programs. Note importance of sensitivity to cultural values. Talk about how administrators can facilitate this type of parent program implementation. List suggestions on flip chart.

A-L1

THE HAT TRICK
(Intrapersonal Communication)

- Speaker wears an "unusual" hat as she/he speaks to audience.

- Quiz audience about hat observations:
  Do you like/dislike my hat?
  Do you think you would look better in this hat?
  or
  Are you thinking – "I'd never wear that hat!"
  "It's a dopey hat."
  "Fifty years ago it would be a proper hat."

You have noticed that none of the other team members is wearing a hat.
You have made some judgments about me and my hat — we do that.
This is an example of **intrapersonal communication** (talking to oneself).

- Question is:
  Can we create a better partnership with my hat or without it?

A-T1

THE COMMUNICATION MODEL

INTRAPERSONAL FACTORS (COMMUNICATION WITH ONE'S SELF)

- education
- life experiences
- vocabulary
- past communication
- heredity
- environment
- culture

INTERPERSONAL FACTORS (COMMUNICATION WITH OTHERS)

- images
- past encounters
- role
- life purposes
- communication purposes
- symbolic associations
- attitudes and predispositions

Reprinted with permission from: A Collection of Professional Development Activities and Exercises for the Teacher Leader Program, Edited by June A. Kisch, Ph.D. and Phillip Messner, Ed.D. (1990) (p. 102).

A-H1

NASA MOON SURVIVAL TASK
EXPERT SOLUTION

The NASA Moon Survival Task was submitted to the Manned Spacecraft Center of NASA in Houston, Texas. It was referred to the Crew Equipment Research Branch for solution. Below are presented the rankings given to the 15 items along with the sometimes surprising rationales given for particular ratings.

NASA's Reasoning	**NASA's Ranks**	**Items**
No oxygen on moon to sustain flame — virtually worthless	15	Box of matches
Efficient means of supplying energy requirements	4	Food Concentrate
Useful in scaling cliffs, tying injured together	6	50 feet of nylon rope
Protection from sun's rays	8	Parachute silk
Of no use unless on dark side	13	Portable heating unit
Possible means of self-propulsion	11	Two .45 caliber pistols
Bulkier duplication of food concentrate	12	Case dehydrated milk
Most pressing survival need	1	Two hundred-pound tanks of oxygen
Primary means of navigation	3	Stellar map of moon's constellation
CO bottle in military raft may be used for propulsion	9	Life raft
Magnetic field not polarized	14	Magnetic compass
Replacement for tremendous liquid loss on lighted side	2	Five gallons of water
Distress signal when Mother ship is sighted	10	Signal flares
Fits aperture in space suit	7	First aid kit (including injection needles)
Requires line-of-sight transmission and short ranges	5	Solar-powered FM receiver/transmitter

A-H1

PRIORITY LISTING OF TEAM

	Team Answer	Correct Answer	Score
Box of matches			
Food concentrate			
50 feet of nylon rope			
Parachute silk			
Portable heating unit			
Two .45 caliber pistols			
One case dehydrated Pet Milk			
Two hundred-pound tanks of oxygen			
Stellar map (of the moon's constellation)			
Life raft			
Magnetic compass			
Five gallons of water			
Signal flares			
First aid kit (with injection needles)			
Solar-powered FM receiver/transmitter			
TOTAL			

	Scores of Individuals on Team	Other Team Scores
Total		

A-H1

INSTRUCTIONS FOR INDIVIDUAL

You are a member of a space crew originally scheduled to rendezvous with a Mother Ship on the lighted surface of the moon. Due to mechanical difficulties, however, your ship was forced to land at a spot some 200 miles from the rendezvous point. During landing, much of the equipment aboard was damaged, and since survival depends on reaching the Mother Ship, the most critical items available must be chosen for the 200-mile trip. Below are listed the 15 items left intact and undamaged after landing. Your task is to rank order them in terms of their importance for your crew in allowing them to reach the rendezvous point. Place the number 1 by the most important item, the number 2 by the second most important, and so on, through number 15, the least important.

	Correct answer	**Score**
Box of matches	________	________
Food concentrate	________	________
50 feet of nylon rope	________	________
Parachute silk	________	________
Portable heating unit	________	________
Two .45 caliber pistols	________	________
One case dehydrated Pet Milk	________	________
Two hundred-pound tanks of oxygen	________	________
Stellar map (of the moon's constellation)	________	________
Life raft	________	________
Magnetic compass	________	________
Five gallons of water	________	________
Signal flares	________	________
First aid kit (with injection needles)	________	________
Solar-powered FM receiver/transmitter	________	________
Total	________	________

A-H1

NASA MOON SURVIVAL TASK

Background Information: Think of yourself as a member of a space crew whose mission is one of rendezvousing with a Mother Ship on the lighted surface of the moon. Due to mechanical difficulties, your ship has crash-landed some 200 miles from the rendezvous site. All equipment, with the exception of 15 items, was destroyed in the crash. Since survival depends upon reaching the Mother Ship, you and your fellow crew members must determine which among the 15 items of equipment left intact are most crucial for survival.

Instructions: The 15 items left intact after the crash are listed below. You are asked to rank these in order of their importance for ensuring survival. Place the number "1" in the space by the item you feel is most critical; the number "2" by the second most important item; and so on through number "15" by the least important item.

Rank	Items
________	Box of matches
________	Food concentrate
________	50 feet of nylon rope
________	Parachute silk
________	Portable heating unit
________	Two .45 caliber pistols
________	One case dehydrated Pet Milk
________	Two hundred-pound tanks of oxygen
________	Stellar map (of the moon's constellation)
________	Life raft
________	Magnetic compass
________	Five gallons of water
________	Signal flares
________	First aid kit containing injection needles
________	Solar-powered FM receiver/transmitter

NASA CONSENSUS EXERCISE

INSTRUCTIONS FOR GROUP

This is an exercise in group decision-making. Your group is to employ the method of Group Consensus in reaching its decision. This means that the prediction for each of the 15 survival items must be agreed upon by each member before it becomes a part of the group decision. Consensus is difficult to reach. Therefore, not every ranking will meet with everyone's complete approval. Try, as a group, to make each ranking one with which all group members can at least partially agree. Here are some guides to use in reaching consensus:

1. Avoid arguing for your own individual judgements. Approach the task on the basis of logic.
2. Avoid changing your mind only in order to reach agreement and avoid conflict. Support only solutions with which you are able to agree somewhat, at least.
3. Avoid "conflict-reducing" techniques such as majority vote, averaging, or trading in reaching your decision.
4. View differences of opinion as helpful rather than as a hindrance in decision-making.
5. Avoid "win-lose" statements in the discussion of rankings. Discard the notion that someone must win and someone must lose in the discussion.
6. View initial agreement as suspect. Explore the reasons underlying apparent agreements.

“GUIDELINES FOR IMPLEMENTING PARENT PROGRAMS”

1. Convey your acceptance of parents as equal status partners.
2. Provide individualized parent involvement programs.
3. Maintain two-way communication.
4. Help parents meet their own and their family's needs.
5. Involve the entire family and other significant individuals in the intervention process.
6. Legitimize informal parent involvement activities.
7. Make parents feel welcome and comfortable at the intervention center.
8. Be aware of myths about parent involvement.

From: “Counseling Parent Workshop” (July 1989), Colleen Mandell, Ph.D., Bowling Green State University.

LEVEL: ADMINISTRATOR

GOAL: **#1** Understand/develop a working relationship between parents and professionals.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will facilitate the development of cooperative partnerships between parent, child, and supportive services.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review key communication skills: Attending Listening Responding	1. Transparency (A-T3 through T9) *Key Communication Skills* *Factors That Help Communication Skills* *Conflict Is* *Basic Assumptions About Conflict* *Constructive Elements of Conflict* *Destructive Elements of Conflict* *A Collaborative Problem Solving Approach*	1. Discuss and review transparencies T3 through T9. Ask participants to consider how diversity issues (e.g., ability, cultural, racial, religious, gender, etc.) might affect conflict and resolution.
2. Large group activity Discuss inevitability of conflict and how it can lead to constructive or destructive results, or be unresolved.		
3. Large group activity Review the four steps to collaborative problem solving.	3. Transparency/Handout (A-T10) *Conflict Resolution: A Collaborative Problem Solving Approach*	3. Review and discuss the four steps to collaborative problem solving. Discuss how administrators can faciliate this type of problem solving between staff members and parents.

KEY COMMUNICATION SKILLS

1. ATTENDING
2. LISTENING
3. RESPONDING

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FACTORS THAT HELP COMMUNICATION

NOT TO HAVE TO COMMUNICATE WITH VERY MANY PEOPLE AT ONE TIME

PRIOR EXPERIENCE WITH A PERSON

RECOGNITION AND SENSITIVITY TO OTHER PEOPLE'S BEHAVIOR

MOTIVATION TO INTERACT WITH OTHERS AND SEE THEIR POINT OF VIEW

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CONFLICT IS

CONFLICT IS A DISAGREEMENT WHICH OCCURS BETWEEN TWO OR MORE PARTIES WHO BELIEVE THAT WHAT EACH WANTS IS INCOMPATIBLE WITH WHAT THE OTHER WANTS.

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BASIC ASSUMPTIONS ABOUT CONFLICT

Conflict has been traditionally perceived as negative. It was assumed that conflict is:

To be avoided.

Caused by "troublemakers" or "boatrockers."

Most appropriately resolved by authority figures or legalistic methods.

Over the last thirty years, our basic assumptions about conflict process have changed. It is now assumed that:

Conflict is an inevitable and important human problem.

Conflict is! It is neither bad nor good.

Conflict is more likely in times of change.

Conflict can lead to destructive or constructive results.

Conflict can be managed to maximize creative solutions and to minimize destructive ones.

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CONSTRUCTIVE ELEMENTS OF CONFLICT

A moderate level of conflict can have positive effects:

Conflict produces the need to search for alternative solutions.

Conflict requires a clarification of points of view.

Conflict situations often produce better ideas.

Tension aroused by conflict may increase motivation to perform required tasks.

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DESTRUCTIVE ELEMENTS OF CONFLICT

Conflict can also have destructive results:

> Conflict can produce feelings of defeat and of being demeaned.
>
> Conflict may increase the distance between individuals.
>
> Conflict can increase a poor quality of communication, characterized by anxiety, distrust, and suspicion.

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A-T9

A COLLABORATIVE PROBLEM-SOLVING APPROACH

A Collaborative Problem-Solving Approach is when the parties in conflict work together and consider each other's viewpoint. The parties collaborate to arrive at the best solution.

Adapted from *The Ohio Coalition Parent/Educator Team Training Manual.*

A-T10

CONFLICT RESOLUTION

FOUR BASIC STEPS TO A COLLABORATIVE PROBLEM APPROACH

1. Identify and define the problem

2. Generate possible solutions (brainstorm)

3. Decide on a mutually acceptable solution

4. Evaluate solution

Adapted from *The Ohio Coalition Parent/Educator Team Training Manual.*

LEVEL: ADMINISTRATOR

GOAL: **#1** Understand/develop working relationships between parents and professionals.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the facilitation of positive/cooperative relationships.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Conduct role playing experience in which participants have an opportunity to resolve a conflict.	1. Handout (A-H2, 3, 4 and 5) *Appropriate Services for Roberto* *The Story* Envelopes for groups *Role Description Sheets* *Observer Summary Sheets*	1. Divide into small groups. The facilitator will distribute envelopes to each group containing the following: *The Story *A Role Description or Observer Summary Sheet for each member Discuss small group activities with the large group. Note how diversity issues (e.g., ability, cultural, racial, religious, gender, etc.) may have influenced this situation. Discuss particular issues relating to the administrator in this situation. What was his role? How did he facilitate resolution of the conflict?

A-H2

"APPROPRIATE SERVICES FOR ROBERTO"

Purpose:

*To enable participants to experience the negotiating and bargaining that occurs whenever people seriously attempt to resolve conflict.
*To provide participants with an opportunity to discuss conflict and their reaction to conflict situations.

Strategy:

*Parents and educators participate in a role play in which conflict is apparent and their goal is to resolve the dispute.

Materials:

*Role description for:

Frank Li	District Administrator
Rosita Estevez	Roberto's Mother
Peter Pruitt	Speech and Lanaguage Therapist
Frank Smith	Mother's Friend
Sheree Thomas	District Psychologist

*Observer Summary Sheets
*The Story

Process:

1. The facilitator introduces the role play by stating:
   "We would like you to participate in a role play in which all parties want what is best for the child, however, disagreement arises about what is best and how to provide it. As you act out your part, keep in mind the goal of resolving conflict."
2. The facilitator distributes envelopes to each group containing:
   *The Story
   *A role description or Observer Summary Sheet for each member.
   The facilitator should assign participants a role different from their real life situation.
3. The facilitator begins by asking the participants to follow along as he/she reads "The Story" to the group.
4. The facilitator should inform participants that they have ten minutes to prepare for their roles and twenty minutes to conduct the meeting.
5. As the participants review their roles, the small group leaders meet with the observers and review the Observer Summary Sheet. They inform the observers that they:
   *do not participate in the meeting.
   *will give a report of their observations to the small group at the conclusion of the role play.
6. The facilitator circulates among the different groups to answer questions and assist the participants with the role play.
7. After twenty minutes, the facilitator terminates the role play and reminds the observer to report his/her observations to the small group.

8. The facilitator should debrief the activity by leading a discussion based on the following questions:
    *What attitudes furthered the process of resolution?
    *What attitudes hindered the process?
    *How can such attitudes effectively be dealt with?
    *Who dominated? and why?
    *Who acquiesced? and why?
    *Was everyone satisfied with the process, the outcome?
    *If there were some not satisfied, what could they have done differently?

9. Once the debriefing is completed, the facilitator should call on each observer to report the group's decisions and process.

A-H3

THE STORY

Three-year-old Roberto is a "handful." To his mother and Early Intervention Specialist, Karen DeWeese, he is a study in constant motion. He was referred to the public school for assessment for possible placement in the preschool class for children with disabilities in the fall. Roberto has participated in the county early intervention program since the age of 18 months because of speech delays. The Early Intervention Specialist is also concerned about his activity level and overall development. Roberto's mother is not sure anyone can test or evaluate him because he rarely stays in one spot long enough to "listen" or attend to what is wanted.

Roberto's mother had him assessed by a private consulting firm, Communication Providers Speech Services. It is their recommendation that Roberto be given intensive one-to-one speech and language therapy one hour per day, five days per week. At an earlier meeting with the district psychologist, the mother gave consent to a multi-factored evaluation, which included a speech and langauge evaluation. At a Placement/IEP meeting, disagreement over a critical issue arose. The recommendations of the private consulting firm were not substantiated by the district's own findings.

The dispute became so entrenched that the mother and the district personnel have agreed to meet again in an attempt to resolve the disagreement. The meeting, in which you are going to participate, takes place in the administrator's office. Now ... at the last minute, Roberto's Early Intervention Specialist had to rush to the hospital because her son was injured. She will not be able to attend the meeting.

A-H4

FRANK LI — DISTRICT ADMINISTRATOR

Your position on the issue:

(You will begin the meeting by welcoming the mother and school personnel.)

The district has been responsive to the request of Ms. Estevez.

Roberto's language problems are not severe enough to warrant intensive language therapy.

It is recommended by the multi-factored evaluation team that the district speech and language therapist in cooperation with the preschool teacher for children with disabilities provide a language development program for Roberto.

Supporting Data:

The evaluation conducted by the district speech and language therapist showed that:

1. Roberto has a developmental language problem.
2. Roberto's articulation is below age expectation.

Complications:

Currently the school district is only offering speech and language services to the preschool class for children with disabilities two days per week. The speech and language therapist works in the classroom in cooperation with the preschool teacher and does not offer a pull-out program.

ROSITA ESTEVEZ — PARENT

Your position on the issue:

You insist that Roberto receive five hours per week, one-to-one speech and language therapy with a speech and language specialist.

You are asking the school district for this therapy based upon the recommendation of the private testing results. You are not satisifed with their response.

Supporting Data:

The Communication Providers Speech Services concluded:

1. Roberto exhibits a severe language disorder for his age level.
2. Roberto is frustrated by his erratic inability to process what he hears.

Recommendations:

One-to-one speech and language therapy for one hour per day, five days per week.

Complications:

Currently the school district is only offering speech and language services to the preschool class for children with disabilities two days per week. The speech and language therapist works in the classroom in cooperation with the preschool teacher and does not offer a pull-out program.

PETER PRUITT — SPEECH AND LANGUAGE THERAPIST

Your position on the issue:

Roberto has a developmental language problem not severe enough to warrant intensive language therapy.

In cooperation with the preschool teacher for children with disabilities, a language development program be designed for Roberto.

Continuous reinforcement of language can best occur in Roberto's classroom setting.

Supporting Data:

Evaluations you conducted show that:

1. Roberto has a developmental language problem.
2. Roberto's articulation is below age expectation.

Complications:

Currently the school district is only offering speech and language services to the preschool class for children with disabilities two days per week. The speech and language therapist works in the classroom in cooperation with the preschool teacher and does not offer a pull-out program.

A-H4

FRANK SMITH — FRIEND

Your position on the issue:

You support the parent's position that Roberto should receive five hours per week of one-to-one speech and language therapy with a speech and language therapist.

Supporting Data:

You recommended to Rosita Estevez, the mother, that Roberto be evaluated by Communication Providers Speech Services, a private consulting firm.

Findings:

1. Roberto exhibits a severe speech and language disorder for his age level.
2. Roberto is frustrated by erratic inability to process what he hears.

You are also attending the meeting because English is a second language for Ms. Estevez.

Recommendations:

One-to-one speech and language therapy one hour per day, five days per week.

Complications:

Currently the school district is only offering speech and language services to the preschool class for children with disabilities two days per week. The speech and language therapist works in the cooperation with the preschool teacher and does not offer a pull-out program.

A-H4

SHEREE THOMAS — DISTRICT PSYCHOLOGIST

Your position on the issue:

Roberto can benefit most from special instruction designed to meet his identified needs.

The district speech and language evaluation indicates Roberto has developmental language problems.

Supporting Data:

During your assessment, it was noted that Roberto was easily distracted.

During an interview with Roberto's early intervention specialist, it was indicated that he works well under supervision.

You have seen the results of the speech and language evaluation conducted by the District Speech and Language Specialist, which indicates a developmental language problem.

The psychological evaluation indicates that his IQ is below average and that his adaptive skills are slightly below normal for his age.

Complications:

Currently the school district is only offering speech and language services to the preschool class for children with disabilities two days per week. The speech and language therapist works in the classroom in cooperation with the preschool teacher and does not offer a pull-out program.

OBSERVER SUMMARY SHEET

As the members of your group play "Appropriate Services For Roberto," they will be trying to incorporate the communication and interpersonal skills necessary to achieve a "Win-Win" solution to the problem.

**You are to observe the participants as they discuss the educational services for the child.

**Observe the interactions to determine the methods each participant is using to deal with the conflict.

**Record your observations on the Observer Summary Sheet below.

Role Name	Comments
Peter Pruitt, Speech and Language Specialist	
Rosita Estevez, Parent	
Frank Li Administrator	
Frank Smith, Friend	
Sheree Thomas, Psychologist	

Adapted from *The Ohio Coalition Parent/Educator Team Training Manual*, pp. 13-23.

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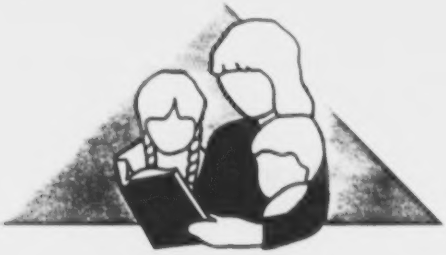
GOAL 2

Family Collaboration



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LEVEL: ADMINISTRATOR

GOAL: **#2** Understand family dynamics.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the role of relationships within families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activities Open presentation with definition of the family. Review attached material on the five phases of marriage. Survey the audience as to: a. How many married. b. Validate the five phases with the group. c. Ask for group opinion as to whether phases are developmental or cyclical and discuss. What impact does the arrival of children have on the phases of marriage? (Discuss) What impact does the arrival of a child with disabilities have on the phases of marriage? (Discuss)	1. Transparencies (A-T11, 12, and 13) *Family* *Five Phases of Marriage* *Family System* Handout (A-H6) *Family Circle Activity* **Supplemental Resources** "Mothers' and Fathers' Reports of the Effects of a Young Child with Special Needs on the Family," Mclinden, Stacey E., *Journal of Early Intervention.* The Ohio Coalition Parent/Educator Team Training Manual, "Grieving Over the Lost Dream," McCollum, A.T., *The Exceptional Parent.*	1. Use Transparency of dictionary definition. Review Transparency. *Five Phases of Marriage* *Family System* Discuss five phases with those married and single. Validate these phases with the participants. Lead group into discussion about cyclical processes and those types of situations that might cause marriages to recycle back into early stages of marriage. Discuss the impact of children to five phases of marriage, their impact to lifestyles within the marriage and social impacts to the couple. Make a chart of responses. Discuss how diversity issues (e.g., ability, cultural, racial, religious, gender, etc.) might influence these phases.
2. Large group activity Look at families. List the most prominent family structures that exist today. Ask participants to circle their family. Discuss circle results and ask if anyone would like to share their family circle.	2. Handout/Transparency (A-H7) *Family Circles* Handout (A-H11) *Family of Origin Questionnaire*	2. Note different types of family composition. Two-Parent Family - Natural Parents Single-Parent Family - Missing/Deceased Multi-Parent Family - 2nd Marriage Guardian (Grandparent or other relative) Adopted Display "Family Circles" Transparency. Discuss influence of family members and their stressors on the decisions we make, our attitudes, etc.

LEVEL: ADMINISTRATOR *(continued)*

GOAL: **#2** Understand family dynamics.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the role of relationships within families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
		For those married, circle their immediate family. Those not married should circle their family of origin when they were age 12. Point out that in order to circle our families we subconsciously had to begin the process of role identification.
3. Large group activity Administer the *Family of Origin Questionnaire.*	3. Transparency (A-T16 and 17) *Loss and Grief Cycle* *Grief Cycle* Handout (A-H8) *Grief Cycle* Handout (A-H9) *Family Mobile*	3. **Please emphasize to participants** your respect for the sensitivity of the material discussed and their privacy will be respected throughout. Volunteer sharing only will be used.
4. Small group activities Break participants into small groups to discuss the impact to a family raising a child with special needs.		4. Ask small group to apply impact to: Phases of Marriage Family Circles Questionnaire
5. Large group activity Review Grief Cycle and distribute Handouts. Review a Healthy Family System and link to marriage phases, grief cycle. Have each participant make a healthy family mobile.		5. Correlate phases of marriage to that of Grief Cycle in that it is an evolutionary process, both developmental and cyclical and both require concerted effort to be successfully addressed. Use Overhead "Family System Perspective." Use **Family Mobile** overhead for discussion and construct mobile models. Discuss how administrators can support staff in being sensitive to the issues discussed in these activities.

A-T11

FAMILY

1. Parents and their children
2. The children as distinguished from their parents
3. A group of persons connected by blood or marriage, including cousins, grandparents, in-laws, etc.
4. A group of persons forming a household

Standard College Dictionary, Funk & Wagnalls, Harcourt, Brace & World, 1963, pp. 479.

FIVE PHASES OF MARRIAGE

Romance

Characterized by fantasy by assigning to our partners those characteristics we wish them to have with each putting their best foot forward to avoid discovery and disappointment.

Disillusionment

Reality sets in. Discovery that fantasy and truth are different. Settle in by being nice and accepting of disappointments.

Despair

Denial that there are individual differences and problems in the marriage leads to this third stage. Manifestation of the crisis may be an affair, boredom, depression, alcoholism or compulsive work. Resolve in one of three ways:

Bail Out - through separation or divorce
Settle In - life of quiet depression
Accept Challenge - work for growth

Growth

Those accepting the challenge face ups and downs characterized by no pain-no gain experiences.

Maturing Love

Without innocence, with a memory of the struggle. "There is someone who knows me, and still loves me with all of my faults."

A-T13

FAMILY SYSTEM

I. Families operate as a system:

  A. Roles, relationships, communication styles and power distribution balances the system.

  B. Children with limitations can imbalance the system; families react/adjust in a way that rebalances the system.

  C. A primary family goal is *homeostasis.
  (*The tendency of an organism to maintain a uniform and beneficial physiological stability within its parts; organic equilibrium.)

  D. No family is healthy at all times.

  E. In healthy family systems, both system and individual needs are met; the system is fluid, open and predictable.

A-H6

FAMILY CIRCLE ACTIVITY

Every person in your family experiences stress and has their own needs. While some stressors and needs may be obvious, others are not.

On the Family Circles sheet, please draw a circle for each family member. Family refers to all the people who live in your household. Family also refers to those family members who do not live in your house but who have an influence on your family. Family pets may be included.

On each circle, label the name of the person and their relationship to you. Next, write the stressors and needs of that particular person. Stressors refers to thoughts, feelings, or situations that make you feel like you are on "overload." There are different kinds of needs. Some needs are material, such as a need for everyone to be happy or the need for your spouse to be sensitive to your thoughts and feelings.

Adapted from: *The Ohio Coalition Family Ties Project.*

A-H7

FAMILY CIRCLES

A-H11

FAMILY OF ORIGIN QUESTIONNAIRE

1. What was the cardinal rule in your family?
2. Who had the power in your family?
3. How were children disciplined?
4. How did disagreements get resolved in your family?
5. How did your family handle change and stress?
6. What was the primary message that your father gave you as you were growing up?
7. What was the primary message that your mother gave you as you were growing up?
8. What was the family secret?
9. What was a family rule that you remember breaking?
10. How was affection given or shown in your family?
11. Recall a truth that you learned to be untrue when you left home.
12. Was there any unfinished business when you left home?
13. How would you like the roles in your family now to be different than the roles in your family of origin?
14. Remembering your childhood, name one thing for which you are grateful?
15. How were financial matters handled in your family of origin?
16. How do financial management matters in your family differ from those in your family of origin?

Adapted from: Cooper, R. Myer. Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebraska. (1980).

LOSS AND GRIEF CYCLE

Gilbert M. Foley, Ed.D.

PREGNANCY

The normal ambiguity of pregnancy facilitates project and fantasy production.

↓

THE FANTASIZED HOPED-FOR CHILD

A normal milestone in pregnancy is the formation of an idealized representation of the child-to-be.

↓

BIRTH OF A HANDICAPPED CHILD

The birth of a handicapped child precipitates a state of dissonance between the hoped-for-child and the real child.

↓

IDEATIONAL OBJECT LOSS

There occurs an unconscious loss of the hoped-for-child — the death of a dream. Loss precipitates grief, our intrapsychic healing mechanism.

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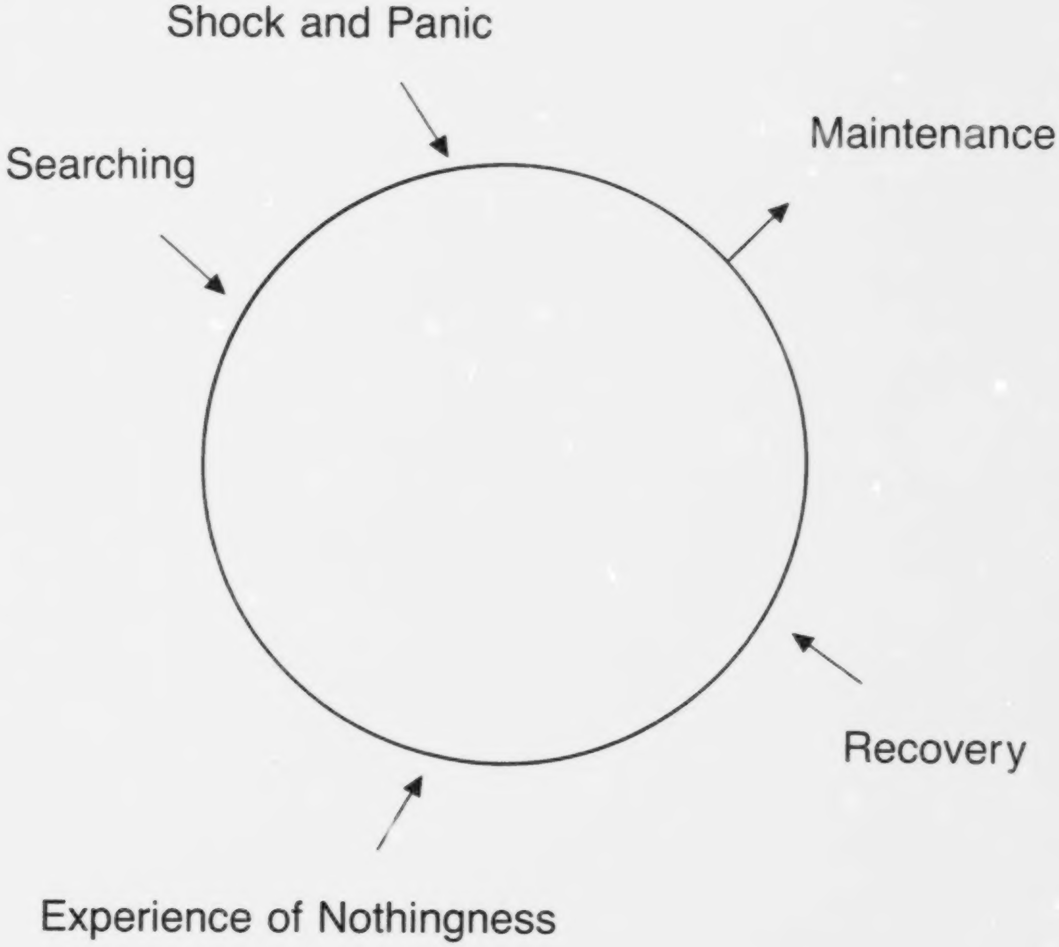
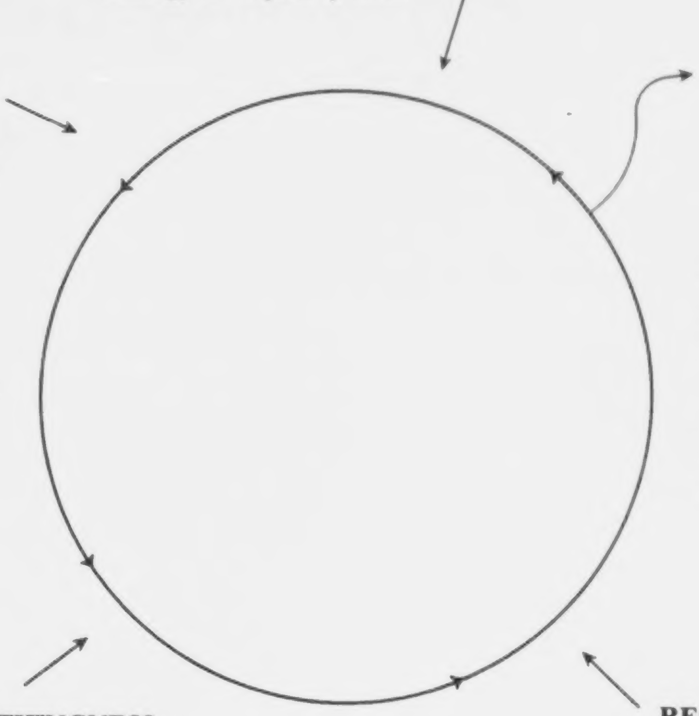
GRIEF CYCLE


Shock and Panic
Maintenance
Recovery
Experience of Nothingness
Searching

GRIEF CYCLE

SHOCK AND PANIC

The first stage of grief is one of disbelief and disorientation. An exaggeration of the family's characterological coping strategy is frequently seen.



SEARCHING

Once the family is stabilized from the initial insult, they begin looking for the hoped-for-child. This frequently takes the form of denial or shopping for the differing diagnoses.

MAINTENANCE

This stage is characterized by stabilization, increased resilience, and internalized coping strategies. The cycle can be and is frequently recapitulated when the child fails to achieve significantly invested social and developmental milestones.

EXPERIENCE OF NOTHINGNESS

When the search meets with failure, the parents must face the essential tragedy of the situation. This is frequently a period of emotional lability and strong feeling; e.g., depression, rage, guilt. A sense of meaninglessness and absurdity is frequently associated with rearing and parenting a handicapped child. Why did this happen to me and what does it mean?

RECOVERY

During this period, the family reality tests more accurately and discovers the delight and health in the child as well as the tragedy and pathology. This recovery appears dependent on the attainment of two psychological constructs: (1) a personal mythology to provide meaning for this experience and (2) a reconstructed internal representation of the child which melds the hoped-for-child and the real child.

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A-H9

FAMILY MOBILE

The *healthy family* is an organism — similar to a mobile:

- its parts are interdependent
- it works together for:
  peace and harmony
  destruction
  survival
- each family member adopts a behavior causing the least amount of stress

A Mobile is:

- a hanging art form comprised of shapes, rods and string
- an art form dependent upon its balance and movement
- an art form that responds to changing circumstances while maintaining its equilibrium
- an art form whose whole system moves interdependently to maintain equilibrium
- an art form whose individual parts contribute to the balance of the whole

In a Healthy Family:

each member can move responsibly and freely without upsetting balance

each member has defense mechanisms for protection and feelings which can be shared in an atmosphere of trust

LEVEL: ADMINISTRATOR

GOAL: **#2** Understand family dynamics.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will understand the different family roles and their influence.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Assemble in small groups to develop a refinement in the definition of a "Family" and what it means to them. Large group discussion will follow to form a concensus to obtain a working definition of today's "family."		1. Divide the group into smaller groups. Reflectively review Funk & Wagnalls definition, the Family Circles, the Family Mobile, and the Family Origin Survey. Instruct each group to develop a definition of the modern family that best includes all the above. Note how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence their definition.
2. Small group activity Using the refined definition, Family Circles, Family Mobiles and the Family Origin Survey, small groups will reassemble to identify role characteristics within the family unit, and discuss the impact of family stressors on role characteristics.	2. Handout (A-H10) *Glossary of Family Roles*	2. Identify role labels that include: Decision Maker Financial Manager Social Planner The Lost Child Mascot or Family Pet Scapegoat or Problem Child Special Needs Person Caretaker(s) Teacher(s) Protector Lost Child
3. Small group activity Participants will develop a list of suggestions that school personnel might use, causing a greater sense of understanding, awareness, and compassion in recognizing the uniqueness of each family structure in working to help families with young children who have disabilities.	**Supplemental Resources** *Hope For the Families: New Directions For Persons With Retardation or Other Disabilities,* Perske, Robert. "Building Effective Parent/Educator Relationships," The Ohio Coalition, Parent/Educator Team Training Module 1.	3. Maintain small groups and challenge each group to identify the two most important actions that school officials could take to help the families with special needs children. Discuss how administrators might faciliate the implementation of suggestions. Note how diversity issues (e.g., ability, cultural, racial, religious, gender, etc.) might influence implementation.

A-H10

GLOSSARY OF FAMILY ROLES

Decision Maker — Family member, usually spouse, that makes most all decisions regarding family matters.

Financial Manager — Family member, usually spouse, that is responsible for paying bills, deciding on purchases and investments.

Caretaker — The role of the caretaker is to provide self-worth for the family. Is often the oldest child or "breadwinner" parent. This person is very perceptive and sees and hears more of what is happening within the family and tries to make things better.

Social Planner — The role of the social planner is to handle the family image within the family (parents, grandparents, etc.) and also outside of the family, the communities of residence, work and socialization.

Teacher — The role of the teacher is to provide personal living skills to those of need within the family. Most often they focus on the needs of children, not always however.

Protector — This person many times develops defensive postures of powerlessness, is very serious, is self-blaming, very responsible, self-pity, fragility.

Lost Child — This person's role is to offer relief (the one child the family doesn't have to worry about). This child doesn't make close connections in the family, spends much time alone, is not noticed in a positive or negative way. Possesses internal feelings of hurt, loneliness, inadequacy and anger.

Mascot — The role of the mascot is to provide family fun and humor. The mascot is not taken seriously, is often cute, fun to be around, charming and humorous. Possesses internal feelings of fear, insecurity, confusion and loneliness.

Special Needs Person — The special needs person is difficult to describe as each one is uniquely different. Internal feelings can span the full range of emotions.

Identity Roles should not be limited just to those listed above. These are provided to help in the process of better understanding family structures and internal dynamics. Many times one person will assume multiple roles within the family. Also, some families, being smaller, have no one filling some of these identified roles.

Adapted from material from *Hardin County Alcoholism Center:* Family Structure

LEVEL: ADMINISTRATOR

GOAL: **#2** Understand family dynamics.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will respect the difference in various family structures.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Each Administrative participant will examine their own family structure and egocentricities, looking for parallels and differences between parents of children with special needs and themselves.	1. Handout (A-H11) *Family of Origin Questionnaire*	1. Use the "Family of Origin Questionnaire" information gained earlier as a basis for profiling their own family structure. Discussion leader surveys group and records responses.
2. Participants identify and examine their own family stressors. They are then asked to compare these stressors with those thought to exist within families having members with special needs. Participants will then develop a list of similar family stressors that exist in families with both members who have special needs and other families.	**Supplemental Resources** "Multicultural Education - What Works," *Preschool Perspectives* "Grandparents of Children with Special Needs: Insights into Their Experiences and Concerns," *Journal of the Division of Early Childhood*, by Vadasy, Fewell & Meyer	2. Using a reflective activity, participants are asked to identify their family "stressors" listing them on the attached form. Using inferential skills, participants are then asked to list family stressors existing in a special needs family. Comparisons will then be made by the discussion leader as the group is surveyed for similarities as well as differences. Inject multicultural concerns into the discussion, their impact on family structure and the family stressors.
3. Participants will gain greater empathy of the family structure in the special need family by listening to a local volunteer parent of a special need child describe family life on a day-to-day basis.	"The Dynamics of Transition and Transformation: On Loss, Grieving, Coping, and Growthful Change," by Moses, Ken. "A Look At The Nurturing Family," The Ohio Coalition Parent/Educator Training Team Manual "Perspectives: Family Support Across the Life Cycle," CEC Report	3. After completion of guest speaker, Administrators will be given an opportunity to inquire as to how staff members could be more helpful and empathic in dealing with the special needs family.

GOAL 3

Family Collaboration

BEST COPY AVAILABLE

LEVEL: ADMINISTRATOR

GOAL: **#3** Be able to facilitate family establishment of a home environment that supports learning in young children.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand how the preschool child learns developmentally primarily through play.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Participants will draw or write about a pleasant childhood memory and share it with the group.	1. Transparency (A-T18) *Childhood Memories*	1. Use Transparency in overhead to categorize memories as experiential or academic. Point out most memories were experiential because young children learn through actions.
2. Participants will acquire knowledge about developmental milestones in the preschool child. a. Leader will provide a list of developmental milestones.	2. Handouts (A-H12, 13 and 14) *How the Preschool Child Learns* *Play* *Developmental Milestones in Early Childhood*	2. Discuss Transparency A-H12 and A-H13. Emphasize that learning in the preschool child is experiential and children learn through play. Present Transparency/Handout of developmental milestones. Emphasize that every child goes through a normal sequence of skills. Each child has unique needs and abilities. Preschool child refers to ages 3-5, but two-year-old milestones have been included because children progress at different rates, especially children with disabilities. Developmentally appropriate practices need to be considered in integrated preschool programs. Discuss how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence children's development and play.

A-T18

CHILDHOOD MEMORIES

Experiences involving action, success, challenge or discovery.	Academic experiences related to learning to read, write, spell, add, etc.

Activity adapted from: Frede, Ellen (1984) *Getting Involved Workshops for Parents*, The High/Scope Press.

HOW THE PRESCHOOL CHILD LEARNS

The young child learns through actions on objects and through exploration in the environment. Preschoolers learn best in natural settings that allow them to be active participants. Sound early childhood programs should encourage young children to be:

explorers
communicators
questioners
thinkers
socializers

creators
interactors
problem solvers
reasoners

Preschoolers cannot be "taught" in the traditional sense of the word. They can be stimulated, guided, and encouraged in carefully planned activities that allow them to develop at their own optimum rate. An early childhood educator can provide and arrange for these experiences but must not thrust solutions to problems on the children. They must be allowed to discover the answers themselves through experimentation and investigation.

Information must be learned in a meaningful context to enable full understanding by the young child. The teacher provides the props, experiences, and interactions. The children use all five senses to interact with the objects, people, and events that are presented.

Adapted from: Burditt, F. and Holley, C. (1989) *Resources for Every Day In Every Way*. Fearson Teacher Aids, Simon and Schuster Supplementary Education Group.

PLAY

The way you play with your child and the way you respond to your child's play can also help her develop self-confidence. Play is the primary way that children develop during the preschool years. Through play, children:

Develop their large muscles through vigorous exercise such as running, jumping, climbing, and riding tricycles.

Learn fine-muscle coordination through such activities as coloring, cutting, pasting, and working with puzzles.

Learn how to occupy themselves when they are alone.

Learn to cooperate with others when in a group.

Develop their imaginations.

Learn language.

Parents can help their children develop through play by providing a variety of different experiences — some indoors and some outdoors; some noisy and some quiet; some initiated by parents, others following the child's lead.

Reprinted with permission from: Amundson, Kristen (1989) *Parenting Skills*. American Association of School Administrators, pp. 11-12.

A-H14

Developmental Milestones in Early Childhood

The Two-Year-Old

Motor Skills

Runs forward well
Jumps in place, two feet together
Stands on one foot, with aid
Walks on tiptoe
Kicks ball forward
Throws large ball
Stands on one foot momentarily
Balances on balance board momentarily, with both feet
Strings four large beads
Turns pages singly
Snips with scissors
Holds crayon with thumb and fingers, not fist
Uses one hand consistently
Folds paper in half with demonstration
Imitates circular, vertical, horizontal strokes
Paints with some wrist action, makes dots, lines, circular strokes
Rolls, pounds, squeezes, and pulls clay
Constructs with Legos, Tinkertoys, etc.
Turns handle on jack-in-the-box
Clips clothespins on a can

Communication Skills

Points to pictures of common objects
Can identify objects when told their use
Understands negatives such as "no," "can't," "don't"
Enjoys listening to simple storybooks and requests them to be repeated
Repeats two digits in order
Labels common objects and pictures
Joins vocabulary words together in two- to three-word phrases
Gives first and last names
Asks "what" and "where" questions
Makes negative statements, such as "Can't open it"
Shows frustration at not being understood
300-400 words in vocabulary

Cognitive Skills

Responds to simple directions, such as "Give me the ball"
Selects and looks at picture books
Names pictured objects
Knows concepts of *one, many,* and *more*
Understands prepositions *to* and *with*
Completes three-shape formboard
Can nestle cups sequentially
Points to six body parts on doll
Groups associated objects, such as cup and saucer
Stacks rings on peg in size order
Recognizes self in mirror
Can talk briefly about what he or she is doing
Imitates adult actions, such as sweeping, ironing
Has limited attention span
Learning is through exploration and adult direction
Is beginning to understand functional concepts of objects, such as "Spoon is for eating"
Is beginning to understand whole-part concepts

Personal-Social Skills

Uses spoon, spilling little
Gets drink from fountain or faucet independently
Opens door by turning handle
Takes off coat
Puts on coat with assistance
Washes and dries hands with assistance
Plays near other children
Watches other children and sometimes joins in their play
Defends own possessions
Begins to play house
Uses objects symbolically
Participates in simple group activities, games, songs
Knows gender
Increasing sense of independence
Generally does as told, or minds
May be afraid of thunder, sirens, loud noises
May enjoy performing for others

SOURCES: Tina E. Banks, *Language and Learning Disorders of the Preacademic Child with Curriculum Guide,* 2d ed. (Prentice-Hall, 1982); Joanne Hendrick, *Total Learning for the Whole Child* (C. V. Mosby, 1975); Beth Langley, *Guidelines for Teachers and Evaluators* (George Peabody College for Teachers, 1976); *Project Memphis: Lesson Plans for Enhancing Preschool Developmental Progress* (Memphis State University, 1976); Anne Sanford, *The Learning Accomplishment Profile* (Chapel Hill, NC, 1974).

Reprinted with permission from: Burditt, F. and Holley, C. (1989) *Resources for Everyday in Every Way* (p. 17) Fearon Teachers Aids, Minneapolis, MN.

A-H14

The Three-Year-Old

Motor Skills

Walks stairs, holding rail, alternating feet
Runs around obstacles
Balances on one foot for several seconds
Hops on one foot
Pushes, pulls, steers wheeled toys
Rides a tricycle
Uses slide without assistance
Jumps over six-inch-high object, landing feet together
Throws ball overhead
Catches bounced ball
Fastens snaps
Builds nine- to 12-block tower
Drives nails and pegs
Copies circle
Imitates cross
Rolls and shapes clay forms
Strings ½-inch beads
Cuts across a strip of paper
Completes 10-piece formboard

Communication Skills

Begins to understand time concepts, such as "Tomorrow we will go to Grandma's house"
Understands "big" and "bigger," "long" and "short"
Understands relationships expressed by "if...," "then...," and "because..."
Carries out a series of two to four related directions
Understands when told "let's pretend"
Vocabulary of more than 1,000 words
Understands some abstract words
Answers questions
Tells about past experiences
Uses plurals
Uses *-ed* on verbs to indicate past tense
Uses pronouns *I* and *me* to refer to self
Repeats a nursery rhyme; sings a song
Repeats three digits in sequence
Speech is understandable to strangers, but continues to contain some errors
Sentence length is generally four to five words
Uses prepositions *in, under,* and *on* in syntactical structures

Cognitive Skills

Recognizes and matches six colors
Works three- to five-piece puzzle
Intentionally stacks blocks or rings by size order
Builds three-block bridge
Draws a somewhat recognizable picture
Names and briefly explains pictures
Counts three objects
Knows gender and age
Knows first and last names
Has short attention span, is easily distracted
Learns through observing and imitating adult actions
Has increased understanding of function and groupings of objects
Puts two halves together to form a simple picture
Comprehends concept of same-different
Matches geometrical forms
Begins to be aware of the concept of past and present

Personal-Social Skills

Eats independently with minimal assistance
Brushes hair independently
Pours from pitcher into cup
Spreads butter with knife
Buttons and unbuttons large buttons
Washes hands independently
Uses facial tissue, with reminder
Uses toilet independently (may need assistance to clean and dress self)
Puts on shoes and socks (without tying)
Brushes teeth adequately
Joins in play of other children, interacts
Takes turns and shares, with encouragement
Tries to help with chores, such as sweeping
Begins dramatic play, acting out scenes, such as babysitting

Reprinted with permission from: Burditt, F. and Holley, C. (1989) *Resources for Everyday in Every Way* (p. 17) Fearon Teachers Aids, Minneapolis, MN.

The Four-Year-Old

Motor Skills
Walks backward, toe-to-heel
Jumps forward 10 times without falling
Walks up and down stairs with alternating feet
Turns somersaults
Gallops
Walks full length of balance beam or walking board
Catches a rolled ball
Cuts continuously on line
Copies cross and square
Prints *V* and *H*
Imitates a six-cube pyramid
Matches simple parquetry patterns

Communication Skills
Follows three unrelated commands in sequence
Understands comparatives like *pretty, prettier, prettiest*
Listens to long stories, but may misinterpret the facts
Incorporates verbal directions into play activities
Understands more abstract words
Understands sequencing of events when told "First we will go to the store, then you can go to play at Billy's house"
Asks "when," "how," and "why" questions
Uses models like *can* and *might*
Joins sentences together
Uses *because* and *so* to indicate causality
Tells content of story, but may confuse facts
Comprehends questions like "What do we do when we're tired?"
Repeats five-word sentences
Identifies common opposites, such as hot and cold
Comprehends prepositions *at the side of, in front of, between*
Retells a fairy tale in logical sequence

Cognitive Skills
Works puzzles of several pieces (10-14)
Counts three items meaningfully
Plays with words: repetitions, rhyming, nonsense words
Points to and names four to six colors
Matches pictures of familiar objects, such as shoe, foot, and sock
Draws a person with up to six recognizable parts
Can name many body parts in picture or on self
Draws, names, and describes a recognizable picture
Counts by rote to five, and perhaps to 10
Knows own street and town, and perhaps phone number
Understands concept of day and night
Answers questions like "What are your eyes for?"
Has longer attention span
Learns through observing and listening to adults, as well as through exploration
Continues to be easily distracted
Has increased understanding of concepts of function, time, and whole-part relationships
May state function or use of objects in addition to their names
Understands more time concepts, including yesterday, last week, a long time ago
Matches dominoes and lotto cards
Comprehends one-to-one correspondence
Identifies number concepts two and three
Matches letter, shape, and number cards

Personal-Social Skills
Cuts easy foods with knife
Laces shoes
Buttons medium to small buttons
Toilets self, including cleaning and dressing
Distinguishes front and back of clothing
Washes face well
Hangs up coat
Engages zipper
Puts toys away, cleans up
Plays and interacts with other children with minimal friction
Dramatic play is closer to reality, with attention to detail, time, and space
Enjoys playing dress-up
Shows interest in exploring gender differences
Separates readily from mother
Uses play materials correctly
Attends well for stories
Enjoys being part of a group
Accepts responsibilities

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A-H14

The Five-Year-Old

Motor Skills
- Runs lightly on toes
- Walks forward, sideways on balance beam
- Can hop for six feet, six inches
- Skips, alternating feet
- Jumps rope
- Skates
- Cuts out simple shapes
- Copies triangles
- Traces diamond
- Copies or writes first name
- Prints numerals 1 to 5, and perhaps to 10
- Colors within lines
- Holds pencil properly
- Hand dominance usually established
- Pastes and glues appropriately
- Copies model of square made with pegs
- Awareness of own right and left sides emerging

Communication Skills
- Comprehends quantitative adjectives, such as *pair, few, many*
- Comprehends verb agreements: *is* and *are*
- Occasional grammar errors still noted
- Still learning subject-verb agreement and irregular past tense verbs
- Language is essentially complete in structure and form, with correct usage of all parts of speech
- Can take appropriate turns in a conversation
- Communicates well with family, friends, or strangers
- Reads by way of pictures
- Answers questions directly
- Relates fanciful tales in own words

Cognitive Skills
- Retells story from picture book with reasonable accuracy
- May name some letters and numerals
- Counts 10 objects
- Sorts objects by size, color, shape
- Uses classroom equipment, such as scissors, meaningfully and purposefully
- Uses time concepts of *yesterday, today,* and *tomorrow* accurately
- Begins to relate clock time to daily schedule
- Attention span increases noticeably; is less distractable
- Learns through adult instruction as well as through exploration
- Concepts of function improve, as well as understanding of why things happen
- Completes a puzzle of a person divided into six parts
- Imitates two-step triangle fold
- Completes sequential block patterns, alternating two blocks of one color with one block of another color
- Matches and sorts with paper and pencil, marking the one that does not belong

Personal-Social Skills
- Dresses self completely, ties bow
- Crosses street safely
- Makes simple sandwiches
- Can prepare bowl of cereal
- Brushes teeth independently, can apply paste
- Waters plants
- Can make simple purchases
- Can assist in making bed, setting table, sweeping
- Chooses own friends, may show preference for playmates of the same gender and age
- Plays simple table games
- Plays competitive games and enjoys sports that require group participation
- May be afraid of dogs, of the dark, that mother will not return
- Self-centered, with own interests and actions taking precedence
- Enjoys make-believe play

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LEVEL: ADMINISTRATOR

GOAL: **#3** Be able to facilitate family establishment of a home environment that supports learning in young children.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will identify their strengths and areas of concern, in their ability to communicate effectively with parents.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Participants will read *Guidelines for Effective Communication with Families* and identify how administrators can model this type of communication and facilitate staff use of effective communication with parents.	1. Handout (A-H15) *Guidelines for Effective Communication with Families*	1. Have participants work in small groups. Discuss the results with the large group. If participants do not discuss the issue of diversity (e.g., ability, cultural, racial, religious, gender, etc.) in relationship to this issue, ask them to do so. Note that issues of diversity may not only influence effective communication with parents, but also communication between administrators and staff.

A-H15

GUIDELINES FOR EFFECTIVE COMMUNICATION WITH FAMILIES

- Families count on you to provide the same degree of nurturing, love, and respect for their child as they do. Earn their trust.

- Families rely on your expertise. Be certain to make decisions or suggestions based on documented evidence. If you are unsure of an answer, direct yourself or the parents to resources that may help.

- Because families view children as extensions of themselves, be sensitive in your remarks. Positive comments about a child reflect good family skills whereas criticism may be taken as a family's failure.

- Realize that families have the ability to identify goals for their children and solutions to problems, and to invest as mutual stakeholders in their children's program.

- Families are invaluable resources about their child. Information sharing is essential in understanding and working with the child.

- Families will differ in their participation level because of work schedules, family responsibilities, and resources. Provide opportunities for parent involvement that are varied and satisfying for participants.

- Families will differ in their ability or desire to communicate. Due to their own educational history, parents may be hesitant to become involved with the program. Be persistent and patient in order to build positive home-school collaboration.

- Share your program's philosophy and goals during enrollment, parent orientation, open house, conferences, and in ongoing newsletters.

- Families and educators need "sharing times" to build a partnership. Provide for informal sharing times (chats, phone calls, notes) and formal sharing times (conferences, newsletters, visits).

- Family communication strategies will vary according to the age of the child. Develop strong communication links through written means (newsletters, notes), because educators working with the six- to eight-year-old group for example, may not have as much personal interaction with parents.

- Understand that the information a family needs or wants will vary by developmental concerns. For instance, give the family of an infant daily information concerning the feeding and sleeping routines of its child. The parents of a four-year-old may be interested in their child's social development. The family of a second grader may desire suggestions for school enrichment strategies to do at home.

Reprinted with permission: *The Ohio Early Childhood Curriculum Guide* (1991) The Ohio Department of Education.

LEVEL: ADMINISTRATOR

GOAL: #3 Be able to facilitate family establishment of a home environment that supports learning in young children.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will respect the value of preschool programs based on research findings.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity After the presentation of research findings on the effects of preschool, the administrators will list economic value of preschool services which include a strong parent component.	1. Transparency/Handout (A-T19 and 20) *Impact of Early Childhood Education* *Economic Impact of Preschool*	1. There is a growing body of research that suggests providing high-quality early childhood services that include parent involvement has a positive impact, especially on children at risk. Discuss the economic impact of the studies presented. List on the overhead ways schools can actually save money by offering quality preschool programs that include a parent involvement component.

IMPACT OF EARLY CHILDHOOD EDUCATION

In both of the following studies, students at risk that attended quality preschool programs were compared to a control group of children at risk that did not attend preschool.

Consortium for Longitudinal Studies:

1. Students that attended quality preschool programs receive 18% less placement in special education than the control group.
2. Preschool attendees experienced 15% less grade retention than the control group.
3. Graduation rate was 13% higher for students that attended preschool than the control group.

Perry Preschool Project:

1. Girls that attended preschool had a lower rate of pregnancy and were more likely to return to high school after a pregnancy than the control group.
2. Preschool attendees have a lower crime rate. 31% of children attending preschool had been arrested by age 19 compared to 51% of the control group.
3. Teenagers who attended preschool received fewer public services, such as welfare, than the control group.

Adapted from: Copple, Carol (1990), *Ready to Learn: Early Childhood Education and the Public Schools,* National School Boards Association, pp. 13-14.

ECONOMIC IMPACT OF PRESCHOOL

GOAL 4

Family Collaboration

BEST COPY AVAILABLE

LEVEL: ADMINISTRATOR

GOAL: **#4** Identify available programs and resources that support the needs of children and families.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will know how to access available resources and programs supporting the needs of children and families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Leader will define and provide examples of programs and supportive resources for families and children. Participants will generate and record a list of available resources with which they are familiar. Participants will share and discuss programs and supportive resources they have compiled. a. Discuss how each program or resource supports needs of family.	1. Transparency/Handout (A-T21 and 22) *Resources: Informal/Formal* Transparency/Handout *Available Resources* Handout (A-H16) *Personal Information Sheet*	1. Discuss meaning of categories on the *Available Resources* Transparency and the *Informal/Formal Resources* Transparency. Participants will use *Available Resources* Handout to record list. Leader will categorize on a flip chart or overhead the programs and resources they have compiled. Suggest to the participants that they might want to record information on the *Personal Information Sources.*
2. Leader will provide information on Ohio programs and supportive resources.	2. Handout (A-H17, 18, 19, 20 and 21) *Federally Funded Parent Organizations in Ohio* *National Resources for Parent Programs* *Ohio Resources for Parent Programs* *Other Resources* *Training Ohio's Parents for Success (TOPS)*	2. Review handouts on support programs and resources. Highlight the *Ohio Coalition for the Education of Handicapped Children and TOPS.* Discuss how participants can promote more awareness of available programs and resources to parents in their local school district. Encourage participants to share resources and programs that are not in the Handout.

A-T21

RESOURCES

INFORMAL

(Enables individuals to meet personal needs)

Spouse

Family

Friends

Co-Workers

Neighbors

Religious Affiliations

Member of Social Club

FORMAL

(Organized in structure)

Local Level

State Level

Regional Level

National Level

A-T22

AVAILABLE RESOURCES

DIRECTIONS: List local resources with which you are familiar. Share with others to develop complete list of community resources.

COMMUNITY AGENCIES (PRIVATE/PUBLIC)

PROGRAMS

FUNDING RESOURCES

COMMERCIAL PROGRAMS

FAMILY RESOURCES

PEOPLE RESOURCES

Adapted from Maria Sargent, Kent State University (1990).

A-H16

PERSONAL INFORMATION SOURCES

TOPIC	SOURCES I HAVE	SOURCES TO INVESTIGATE

Adapted from Maria Sargent, Kent State University (1990).

FEDERALLY FUNDED PARENT ORGANIZATIONS IN OHIO

TRI-STATE ORGANIZED COALITION
FOR PERSONS WITH DISABILITIES
SOC Information Center
3333 Vine Street, Suite 604
Cincinnati, Ohio 45220
(513) 861-2475

OHIO COALITION FOR THE EDUCATION
OF HANDICAPPED CHILDREN
933 High Street, Suite 106
(614) 431-1307
Director: Margaret Burly

NATIONAL RESOURCES FOR PARENT PROGRAMS

NaDSAP

National DIRECTION Services
Assistant Project (NaDSAP)
The National Parent CHAIN
933 High Street, Suite 106
Worthington, OH 43085
(614) 431-1307

NaDSAP is a technical assistance project aimed at helping states design, develop, and implement statewide systems of DIRECTION services.

STOMP

Specialized Training of Military
Parents (STOMP)
Georgia/ARC
1851 Ram Runway, Suite 104
College Park, GA 30337
(404) 767-2258

Specialized Training of Military
Parents (STOMP)
12208 Pacific Highway, SW
Tacoma, WA 98499
(206) 588-1741

STOMP provides information and training to military families with children who have special educational needs. The project assists parents in networking within the military and civilian community. Services are provided to families both in the United States and overseas.

TAPP

Technical Assistance for Parent
Program (TAPP)
312 Stuart Street, 2nd Floor
Boston, MA 02116
(617) 483-2915

TAPP provides technical assistance for programs that work with parents of children with disabilities. Technical assistance is provided through the following four regional centers.

New Hampshire Parent Information
Center (PIC)
155 Manchester Street
P.O. Box 1422
Concord, NH 03301
(603) 224-6299

Parent Advocacy Coalition for
Educational Rights (PACER)
4826 Chicago Avenue, South
Minneapolis, MN 55417-1055
(612) 827-2966

Parents Educating Parents
Georgia/ARC
1851 Ram Runway, Suite 104
College Park, GA 30337
(404) 761-2745

Parents Advocating Vocational
Education
6316 S. 12th Street
Tacoma, WA 98645
(206) 565-2266

OHIO RESOURCES FOR PARENT PROGRAMS

Programs for Infants and Toddlers With Handicaps: Ages Birth Through 2

Ohio Department of Health
Div. of Maternal and Child Health
131 N. High Street, Suite 411
Columbus, OH 43215
(614) 644-8389

Programs for Children With Handicaps: Ages 3 Through 5 Served in Public Schools

Ohio Department of Education
Jane Wiechel, Director
Karen Sanders, Consultant
Mary Lou Rush, Consultant
Division of Early Childhood Education
65 S. Front Street, Room 202
Columbus, OH 43266-0308

Programs for Children With Special Health Care Needs

Ohio Department of Health
Division of Maternal and Child Health
246 N. High Street
Columbus, OH 43266-0308
(614) 466-3263

Programs for Children With Handicaps: Birth to Five Served in County Boards of MR/DD

Ohio Department of Mental
Retardation and Developmental
Disabilities
Office of Children's Services
30 E. Broad Street, Room 1275
Columbus, OH 43215
(614) 466-7203

Client Assistance Program

Governor's Office of Advocacy for
People With Disabilities
Client Assistance Program
8 E. Long Street, 7th Floor
Columbus, OH 43215
(614) 466-9956

State Vocational Rehabilitation Agency

Rehabilitation Services Commission
400 E. Campus View Boulevard
Columbus, OH 43235
(614) 438-1210

State Mental Health Representative for Children and Youth

Ohio Department of Mental Health
Bureau of Children's Services
30 E. Broad Street, 11th Floor
Columbus, OH 43215
(614) 466-2337

State Developmental Disabilities Planning Council

Ohio DD Planning Council/
Department of MR/DD
Developmental Disabilities Program
8 E. Long Street, 6th Floor
Columbus, OH 43215
(614) 466-5205

Protection and Advocacy Agency

Ohio Legal Rights Service
8 E. Long Street, 6th Floor
Columbus, OH 43215
(614) 466-7264
(800) 282-9181 (in Ohio)

State Education Agency Rural Representation

Ohio Department of Education
Division of Special Education
933 High Street
Worthington, OH 43085
(614) 466-2650

OTHER RESOURCES

For People With Disabilities

AUTISM

Ohio State Society
Autism Society of America
OSU, 320 10th Avenue
Columbus, OH 43212
(614) 292-3881

CEREBRAL PALSY

United Cerebral Palsy of Ohio
P.O. Box 14780
Columbus, OH 43214
Telephone N/A

EPILEPSY

Epilepsy Association of Central Ohio
144 E. State Street, 2nd Floor
Columbus, OH 43215
(614) 228-4401

LEARNING DISABILITIES

Ohio Association for Children with
Learning Disabilities
2800 Euclid Avenue, Suite 125
Cleveland, OH 44115
(216) 861-6665

MENTAL RETARDATION

Executive Director
Ohio Association for Retarded
Citizens
360 S. Third Street, Suite 101
Columbus, OH 43215
(614) 228-4412

MENTAL HEALTH

Director
Mental Health Association of Ohio
50 W. Broad Street, Suite 2440
Columbus, OH 43215
(614) 221-5383

SPEECH AND HEARING

Ohio Speech and Hearing Association
9331 S. Union Road
Miamisburg, OH 45342
(513) 866-4972

SPINA BIFIDA

Spina Bifida Association
Ohio State Coalition
3675 Dragonfly Drive
Columbus, OH 43204
(614) 276-0959

University Affiliated Programs

University Affiliated Cincinnati Center
for Developmental Disabled
Pavilion Building
Elland and Bethesda Avenues
Cincinnati, OH 45229
(513) 559-4623

The Nisonger Center
The Ohio State University
McCampbell Hall, 11581 Dodd Drive
Columbus, OH 43210-1205
(614) 292-8365

Parent Training Information Projects

Margaret Burley, Executive Director
Ohio Coalition for the Education of
933 High Street, Suite 106
Worthington, OH 43085
(614) 431-1307

Tri-State Organized Coalition for
Persons with Disabilities (SOC)
106 Wellington Place, Lower Level
Cincinnati, OH 45219
(513) 381-2400

TRAINING OHIO'S PARENTS FOR SUCCESS (TOPS)

Training Ohio's Parents for Success (TOPS) is a program for increasing parent involvement in the education of their children. TOPS is designed for the preschool level through high school and provides experiences for parents that enables them to create a positive environment for the learning and development of their children. Funded through an Ohio Department of Education Grant, TOPS is a program to help school districts provide training in effective parenting skills. TOPS training focuses on six content areas:

1. Understanding Human Growth and Development
2. Communication Between the Child and the Parent
3. Discipline
4. Health and Nutrition
5. Problem Solving and Decision Making
6. Study Skills and Access to Support Systems

For more information about TOPS, contact your local school district or the Ohio Department of Education, Division of Educational Services, 65 S. Front Street, Room 719, Columbus, OH 43226 (614) 466-4590.

LEVEL: ADMINISTRATOR

GOAL: **#4** Identify available programs and resources that support the needs of children and families.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will promote a support system to families and staff which provides linkage to available programs and resources.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Participants will learn to help families recognize their capabilities and provide opportunity for them to identify the family and/or child's needs.	1. Transparency/Handout (A-T23) *Potential Family Needs*	Present Transparency or *Potential Family Needs* and have participants add to list. Discuss need for parent advocate. Discuss how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence this issue.
2. Large group activity Discuss how participants might promote families in choosing their own support systems, resources, and programs they need.	2. Transparency/Handout (A-T24) *Family Directed Support*	2. Present Transparency of *Family Directed Support* and discuss how participants can promote concept of "family-focused support." Note diversity issues here again. Ask participants to discuss how they might promote this type of support for families from staff.
3. Large group activity Have participants match agency by initials to their proper name, i.e., C.A.C. - Community Action Commission.	3. Transparency (A-T25) *Alphabet Soup Programs:* From Family Ties Handout (A-H22) *Alphabet Soup Programs: Part II* From Family Ties	

POTENTIAL FAMILY NEEDS

1. Respite Care

2. Child Care

3. Ophthalmologist

4. Early interventionist to assess current eating skills.

5.

6.

7.

8.

9.

10.

A-T24

FAMILY DIRECTED SUPPORT

1. Family members need to be treated as competent individuals who have capability of making their own choices.
2. Enable families to build on their strengths instead of focusing on deficits.
3. Focus on families' competencies to make healthy life choices instead of trying to remediate and fix the child/family.
4. Treat families as partners rather than clients, who can choose what support systems and resources they believe they need.
5. Broaden the scope of the families' support systems to encompass the diverse needs of families and have an awareness of cultural differences.
6. Facilitate the participation of families in community support systems that provide integration into the mainstream of society.

Adopted from: Dunst, C. J. and Deal, A. (1989) Draft. "A Family Assessment and Intervention Model for Developing Individualized Family Support Systems."

ALPHABET SOUP PROGRAMS

HAVE YOU HEARD OF THESE PROGRAMS? WHO ARE THEY FOR AND WHAT DO THEY DO?

SSI HHS

YWCA SERRC

WIC FSA

BVR

CAC MR/DD

CSB ARC

HEALTHCHECK

CMH

ADC

RSC BSVI

Reprinted with permission from: *Family Ties*, the Ohio Coalition.

A-H22

ALPHABET SOUP PROGRAMS
PART II

1. WIC
2. HEALTHCHECK
3. SSI
4. CMH
5. HHS
6. CSB
7. MR/DD
8. ADC
9. YWCA
10. BVR
11. SERRC
12. ARC
13. CAC
14. RSC
15. BSVI
16. FSA

A. Mental Retardation and Developmental Disabilities
B. Aid to Families with Dependent Children
C. Bureau for Services for the Visually Impaired
D. Women, Infants, and Children
E. Young Women's Christian Association
F. Bureau Vocational Rehabilitation
G. Community Action Committee (Headstart)
H. Supplemental Security Income
I. Community Mental Health
J. Early Periodic Screening, Diagnosis, and Treatment
K. Family Service Association
L. Association for Retarded Citizens
M. Rehabilitation Services Commission
N. Special Education Regional Resource Center
O. Children's Services Board
P. Health and Human Services

Can you think of other alphabet soup programs?

Reprinted with permission from: *Family Ties*, the Ohio Coalition.

LEVEL: ADMINISTRATOR

GOAL: **#4** Identify available programs and resources that support the needs of children and families.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will appreciate the importance of empowering families to take the responsibility of accessing programs and resources.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Provide approaches to participants which empower families to take responsibility for accessing their own programs. a. Participants will generate a list of barriers that frustrate families in accessing resources and programs and provide strategies to overcome these barriers. b. Present and discuss the concept of Family-Centered Approach vs. Agency-Centered. c. Present and discuss the concept of "Family Resource Programs."	1. Transparencies (A-T26, 27, 28, 29 and 30) *An Ancient Chinese Proverb* *Resources: Barriers/Strategies* *Child-Centered Approach* *Child/Parent Training* *Family-Centered Approach* Handout (A-H23) *Aims of Family Resource Programs* Handout (A-H24) *Six Principles of Family Resource Programs that Strengthen and Support Families*	1. Present *An Ancient Chinese Proverb* transparency and relate it to "parents as decision makers." a. Ask participants to think how diversity issues (e.g., ability, cultural, racial, religious, gender, etc.) might inhibit families from accessing resources (e.g., income, housing/space, transportation, and child care strategies). b. Present and discuss Transparencies on the Child-Centered, Child/Parent Training, and Family-Centered Approach. Compare and contrast differences and stress the importance of using Family-Centered Approach. Discuss how administrators can faciliate a family-center approach within a program. c. Highlight and discuss the following concepts, using the Handouts on *Aims of Family Resource Programs* and *Six Principles of Family Resource Programs that Strengthen and Support Families.* Discuss how administrators might faciliate the implementation of a family resource program approach within a school program for young children.

A-T26

“TELL ME,

I FORGET.

SHOW ME,

I REMEMBER.

INVOLVE ME,

I UNDERSTAND.”

An Ancient Chinese Proverb

Found in “A Family-Centered Assessment and Intervention Model for Developing Individualized Family Support Plans” by Carl J. Dunst, Ph.D. and Angela G. Deal, M.S.W. (1990-Draft).

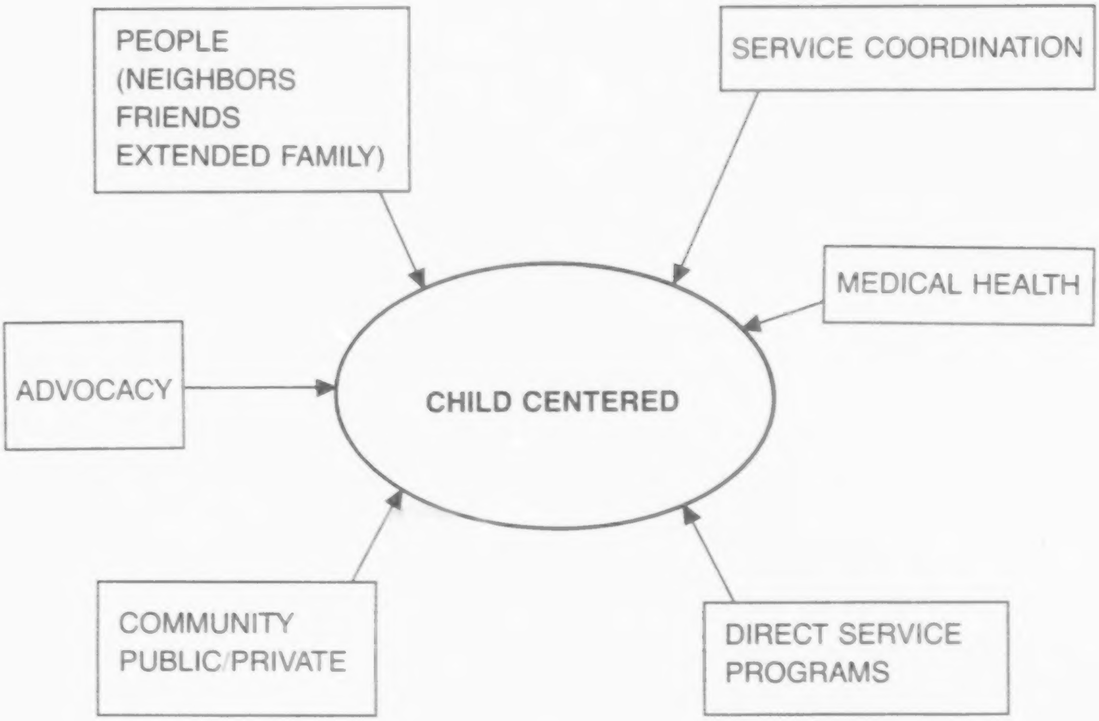
A-T27

RESOURCES

BARRIERS

STRATEGIES

A-T28



PEOPLE
(NEIGHBORS
FRIENDS
EXTENDED FAMILY)

SERVICE COORDINATION

MEDICAL HEALTH

ADVOCACY

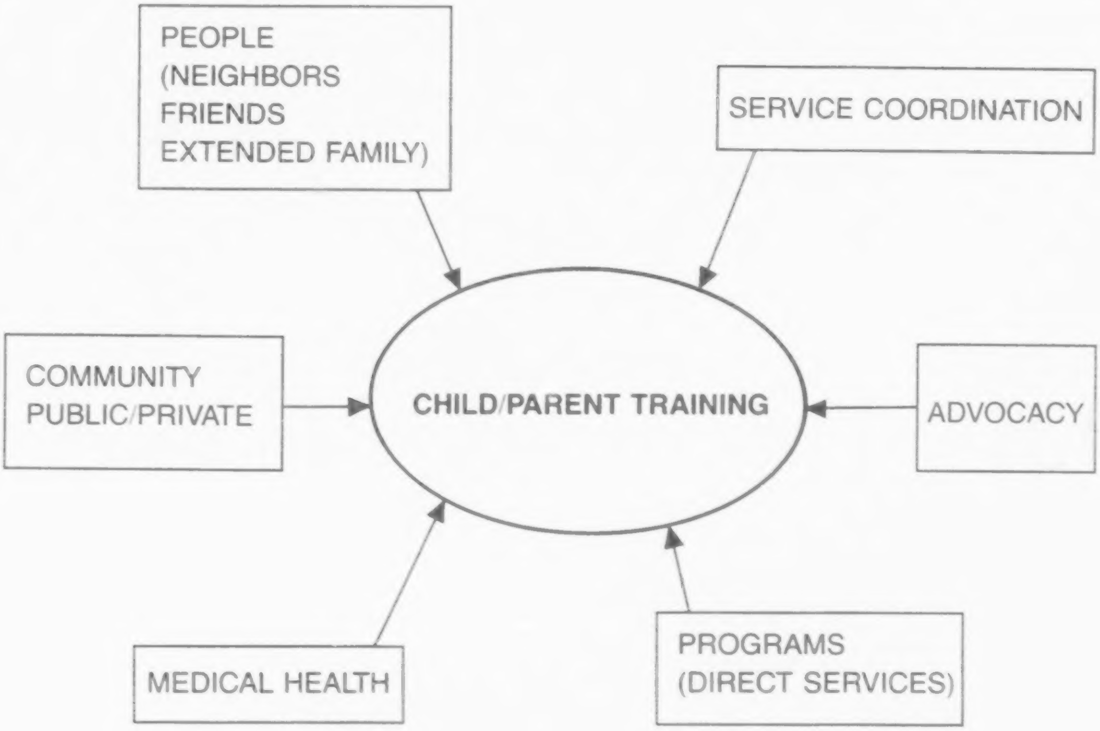
CHILD CENTERED

COMMUNITY
PUBLIC/PRIVATE

DIRECT SERVICE
PROGRAMS

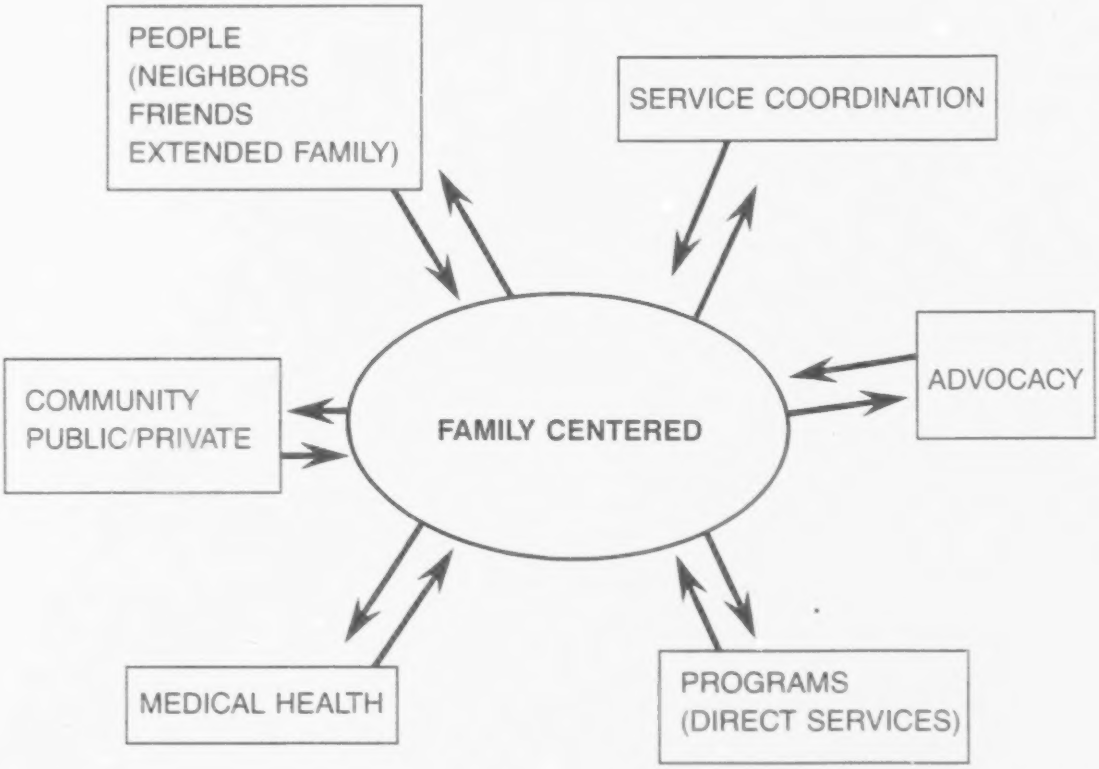
*Emphasis on meeting child's needs. Parents have little opportunity for deciding what they need. Professionals/ paraprofessionals decide what the child needs.

Adapted from: (1989) Dunst, C. J. "A Plea for Parsimony in Implementation of Family-Centered Early Intervention Practices." *Assessment and Intervention Practices*, Volume 1, No. 1 and (1989) Lenhart Sherry and Jackson, J. *Overview: Family-Centered Coordinated Service Coordination.*


PEOPLE (NEIGHBORS FRIENDS EXTENDED FAMILY)
SERVICE COORDINATION
COMMUNITY PUBLIC/PRIVATE
CHILD/PARENT TRAINING
ADVOCACY
MEDICAL HEALTH
PROGRAMS (DIRECT SERVICES)

*Needs of family are considered, but only those related to the development of their child. Needs are met by providing some sort of parent training.

Adapted from: (1989) Dunst, C. J. "A Plea for Parsimony in Implementation of Family-Centered Early Intervention Practices." *Assessment and Intervention Practices*, Volume 1, No. 1 and (1989) Lenhart, Sherry and Jackson, J. *Overview: Family-Centered Coordinated Service Coordination.*


PEOPLE (NEIGHBORS FRIENDS EXTENDED FAMILY)
SERVICE COORDINATION
ADVOCACY
COMMUNITY PUBLIC/PRIVATE
FAMILY CENTERED
MEDICAL HEALTH
PROGRAMS (DIRECT SERVICES)

*Needs of children, family members, and family itself are the focus, and thus enables and empowers families to identify their own needs and find the resources to meet these needs.

Adapted from: (1989) Dunst, C. J. "A Plea for Parsimony in Implementation of Family-Centered Early Intervention Practices." *Assessment and Intervention Practices,* Volume 1, No. 1 and (1989) Lenhart, Sherry and Jackson, J. *Overview: Family-Centered Coordinated Service Coordination.*

AIMS OF FAMILY RESOURCE PROGRAMS

The goals of Family Resource Programs are to:

> "enable and empower people by enhancing and promoting individual and family capabilities that support and strengthen family functioning."
> (1990, Dunst, Trivette, and Thompson, p. 4)

The premise is that all families have strengths.

1. Instead of providing direct services to families, professionals, and paraprofessionals, faciliate families in making choices of resources and support programs that will help their children grow and develop to their potential.
2. Professionals and paraprofessionals facilitate families to become more capable and competent.
3. Professionals and paraprofessionals provide strategies to families that strengthen individual and family functioning.

Adapted from: Dunst, Carl J., Trivette, Carol M. and Thompson, Rebekah B. (1990) "Supporting and Strengthening Family Functioning: Toward a Congruence Between Principles and Practice." *Prevention in Human Services*, 9 (1) in press.

A-H24

SIX PRINCIPLES OF FAMILY RESOURCE PROGRAMS THAT STRENGTHEN AND SUPPORT FAMILY FUNCTIONING

Dunst, C. J. (1989) and Dunst, C. J., Trivette, C. M. and Thompson, R. B. (1990)

1. **Enhance a sense of community.**

   Professionals and families pursue goals that encourage each individual to rally together around shared values and a common concern for all members of the community.

2. **Mobilizing resources and supports.**

   Professionals and paraprofessionals recognize and appreciate the importance of informal support systems as resources for families, e.g., friends.

3. **Shared responsibility and collaboration.**

   Professionals and families share ideas, knowledge, and skills which encourage parent/professional partnerships and collaboration instead of "client-professional relationship."

4. **Protecting family integrity.**

   Professionals and paraprofessionals are culturally sensitive to family value systems and beliefs (e.g., avoiding eye contact out of respect).

   Professionals and paraprofessionals need to learn about cultures in their region and what the parameters of each culture is, e.g., Jehovah Witness, Navaho Indians, Asian Americans, African Americans, and Hispanic and how they affect the families' participation in Family Resource Programs.

   Professionals and paraprofessionals need to redefine definitions of what constitutes a family, which can differ from culture to culture (1989) Anderson, P. P. and Fernichel, E. S.

   > Is there an extended family? Are there step-parents, single parents, boyfriend, etc.?
   > What is the family hierarchy and how does it affect child-rearing practice?
   > Who serves as the traditional leader, family nurturer? (1989) Anderson, P. P. and Fernichel, E. S.
   > What are the discipline practices in the home? (1989) Anderson, P. P. and Fernichel, E. S.
   > What are the culture beliefs and practices concerning health, illness, disability? (1989) Anderson, P. P. and Fernichel, E. S.

5. **Strengthening family functioning.**

   Provide opportunities and experiences that enhance families and its members to master a wide range of developmental tasks and functions instead of focusing on deficits.

6. **Human service practices.**

   There are three Human Service Intervention Models:

   A. **Treatment Approach** (corrective) — Focus is on remediation or reduction of problem. Goal is to minimize negative effects of problem (deficit-based). Child-Centered Approach.

   B. **Prevention Approach** (protection) — Occurs prior to onset of problem disorder. Goals are to deter or reduce occurrence of incidence (weakness-based). Parent/Training Based Approach.

   C. **Promotion Approach** — Focus is on enhancing and optimizing positive (growth-enhancing) functioning of family and children. Provides strategies for developing competence and capabilities of families to help them make decisions about supportive programs and resources. It is a *proactive* approach and strength-based approach. (1990) Dunst, C. J., Trivette, C. M. and Thompson, R. B. Family-Centered Approach.

Instead of correcting deficits, families are able to cope with difficult life events and achieve both growth-oriented and personal goals.

Families develop high levels of self-esteem and believe they can solve their own problems and respond to life events independently if provided with support programs and informal and formal resource options.

Family Collaboration

GOAL 5

BEST COPY AVAILABLE

LEVEL: ADMINISTRATOR

GOAL: **#5** Be aware of available related services supporting the needs of children and families.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will be able to identify/access related services supporting the needs of children and families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Participants will review the definitions of related services. a. Leader will discuss definitions of related services as found in the *Rules for the Education of Preschool Children With Disabilities Served by Public Schools and County Boards of Mental Retardation and Developmental Disabilities* (Chapter 3301-31)	1. Transparency/Handout (A-T31, 32 and 33) *Related Services Definitions* 3301-51-05 *Related Services for Handicapped Children* *List of Related Services* Handout (A-H25) *Related Services Roles*	1. Leader will ask group to generate a list of related services and definitions. Leader will discuss the implications of the *Rules*.
2. Leader will define roles of related services that might be needed for preschool children.		2. Leader may want to provide examples of how specific disabilities might create a need for particular related services (e.g., OT/PT will probably be needed for student with physical disabilities).

A-T31

“RELATED SERVICES”

UU. “RELATED SERVICES” means transportation and such developmental, corrective, and other support services as are required to assist a handicapped child to benefit from special education and includes those services described in rule 3301-51-05 of the Administrative Code, and Chapter 3301-31 of the Preschool Rules for Children With Disabilities.

From: **Rules for the Education of Handicapped Children.**
(3301-51-01 DEFINITIONS. UU., p. 10)

See: **Rules for the Education of Preschool Children.**
(301-31-05, Funding, E., 1-9, pp. 11-15)

3301-51-05 RELATED SERVICES FOR HANDICAPPED CHILDREN

[RELATED SERVICES] "may also include other developmental, corrective, or supportive services, such as counseling services, recreation, school health services, and parent counseling and training, if they are required to assist a handicapped child to benefit from special education"
(Paragraph a.2. in the **Administrative Code**).

See: **Rules for Preschool Programs, Chapter 3301-37.**
(301-31-05 Funding, E., 1-99, pp. 11-15)

The following "Related Services" may be provided in accordance with Rule 3301-51-05 of the **Administrative Code** and the Rule 301-31-05 for **Preschool Rules**

Attendant Services

Guide Services

Medical Services

Orientation and Mobility Services

School Psychological Services

Vocational Special Education Coordinator Services

Work Study Service

Aide Services

Audiological Services

Interpreter

Occupational Service

Reader Services

Supervisory

RELATED SERVICE ROLES

ATTENDANT SERVICES

The attendant assists the orthopedically and/or other health handicapped or multihandicapped child with personal health care needs within the confines of the educational setting.

AIDE SERVICES

An aide assists the teacher or professional in center or a special class/learning center or in other areas of handicap which require the provision of special education or related services.

AUDIOLOGICAL SERVICES

An audiologist conducts screening and diagnosis of hearing problems and makes appropriate referrals to medical and other professional specialists. Other services include providing habilitative activities such as auditory training, speech reading (lip reading) and counseling to pupils, parents, and teachers regarding the child's hearing loss. The audiologist is also responsible for determining the child's need for group and individual amplification, providing for the selection and fitting of an appropriate hearing aid, evaluating the effectiveness of amplication, and creating and coordinating conservation of hearing programs.

GUIDE SERVICES

A guide for a visually handicapped child will be responsible for assisting the visually handicapped child in his or her travels within the confines of the educational setting.

INTERPRETER SERVICES

The interpreter is responsible for providing oral, simultaneous or manual interpreter services, depending upon the individual needs of the children served, to hearing handicapped children.

MEDICAL SERVICES

"School districts shall make available, at no cost to the parent, a medical evaluation as is necessary to determine initial or continued eligibility for special education and related services as required by the eligibility section for such handicapping condition of the Administrative Code." (3301-51-05, H. 1., p. 79 in the Administrative Code).

OCCUPATIONAL THERAPY SERVICES

The occupational therapist (OT) provides an occupational therapy evaluation, assists in the development of the individualized education plan, and provides therapy which will 1) improve, develop, or restore functions impaired or lost through illness, injury, or deprivation; 2) improve ability to perform tasks for independent functioning when functions are impaired or lost; and 3) prevents, through early intervention, initial or further impairment or loss of function. Included in this are eye-hand coordination, visual-motor perception, and skills for daily living.

ORIENTATION AND MOBILITY SERVICES

The orientation and mobility instructor provides an orientation and mobility evaluation, assists in the development of the individualized education plan, orients handicapped children to their physical, cultural, and social environment, and provides those children with an understanding of their environment and with formalized skills for daily living.

PHYSICAL THERAPY SERVICES

The physical therapist (PT) provides therapeutic exercise plans which are designed for each individual child to improve or maintain strength and/or range of motion and to encourage motor and reflex development. Each individual therapy plan is based on the physician's prescription and the therapist's evaluation of the child. The PT may recommend adaptive equipment to aid the child in performing ambulation, physical exercise, communication skills, wheelchair activities, and proper positioning.

READER SERVICES

The reader provides services for visually handicapped children, which includes reading orally the school assignments for the visually handicapped child for whom this service is deemed appropriate.

SCHOOL PSYCHOLOGICAL SERVICES

The school psychologist provides intensive psycho-educational evaluation of individual children identified as or thought to be handicapped, contributes to the written report of the evaluation team, and clarifies the results of the psycho-educational evaluation for consideration in the development of the IEP, contributes to a multifactored evaluation, consults with teachers, parents, and other educators on matters relating to the education and/or mental health of handicapped children to insure the provision of the most appropriate education program, and provides counseling individually and in groups with handicapped students and/or their parents.

SPEECH AND LANGUAGE SERVICES

The speech-language pathologist conducts screening, diagnosis, and treatment of children with communication disorders. The speech-language pathologist must conduct a multifactored evaluation that includes, but is not specific to, evaluations in the following areas:

1) Communicative Status
2) Hearing
3) Educational Functioning

The speech-language pathologist is also responsible for referral for medical or other professional attention necessary for the habilitation of speech and language handicaps, providing speech and language services for the habilitation or prevention of communicative handicapped, and providing counseling and guidance to parents, children, and teachers regarding speech and language handicapped.

LEVEL: ADMINISTRATOR

GOAL: #5 Be aware of available related services supporting the needs of children and families.

COMPETENCY TYPE: SKILL AND VALUE/ATTITUDE)

OBJECTIVE: Participants will value the importance of empowering families and staff to take on the responsibility of accessing related services and choosing the appropriate one.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Brainstorm strategies/barriers that enable/prevent families and staff to take responsibility for accessing related service. Discuss strategies that can enable families and staff to overcome these barriers.	1. Transparency/Handout (A-T34) *Barriers/Strategies* Handout (A-H26) *Barriers to Seeking and Getting Support* Transparency/Handout (A-T35) *Guidelines for Enabling and Empowering Families*	1. Leader will list strategies/barriers on a flip chart or blackboard. Some examples might include: guilt and anger anxiety marital stress relatives Talk about how administrators might contribute to or diminish such barriers. Discuss *Barriers to Seeking and Getting Support.* Discuss how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence the barriers and strategies in this situation. Discuss how administration can faciliate the implementation of strategies. Ask participants to discuss how they feel about "empowering" families and staff in this way.

RELATED SERVICES

BARRIERS

STATEGIES

BARRIERS TO SEEKING AND GETTING SUPPORT

ISOLATION the feeling that:

I am alone and "I" am the only one that has felt like this.
No one else has ever experienced what I am experiencing.
There isn't anyone to help me.
My problems are different from those of others.
You are weak if you ask for help.

DENIAL OF DISABILITY the feeling that:

My child will outgrow this.
Why should I go to that support group — he's O.K.
Others think that he will outgrow it — maybe there's been a mistake.

EXTREME SENSE OF RESPONSIBILITY the feeling that:

This is my responsibility. I am an adult, I should be able to handle it.
I don't want to force my responsibilities on other people.
I don't want to burden others. My child/family situation is a burden that others shouldn't have to deal with.
No one else can do it but me.

BELIEF THAT OTHERS DON'T WANT TO HELP

Others don't want to hear about my problems. They have enough of their own.
Others don't really want to know or they would ask me more.
Others don't want to be bothered. They don't really care.
I don't want to infringe on other people's lives.
Others get too upset when they hear about my problems. They can't deal with my problems.
Others don't know enough to help, so I don't trust them.

NEED TO BE A "PERFECT" PARENT

I wanted these kids. I should adore and take care of them.
I should be able to cope with my own children. I should be able to handle anything and everything.
My children need me. No one else is as good at dealing with them. No one can love or protect them the way that I can.

LACK OF ENERGY OR STRENGTH TO SEEK HELP

It's too complicated to find and use a support system. It's easier to just do everything myself.
I'm too tired to bother. I'll just let it go.
It takes so much energy to explain my situation to others.

UNSURE WHERE TO LOOK OR WHO TO BELIEVE

I don't have the faintest idea who could help me with this. I don't know where to turn.
Everyone tells me something different. I don't know which support is right.

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LACK OF INFORMATION

I don't even know what questions to ask.
How do I begin to build my knowledge?
Who can help — is this part of my development?

LACK OF SELF-ESTEEM

I asked for support and was rejected — I won't chance that again.
I'm overwhelmed. My emotions are different and changeable.
I don't feel good about myself.

FEAR OF REJECTION OR REFUSAL

Even if I get my courage up, they'll just refuse. I don't want to be hurt when they refuse.
I don't want to be "put to the test." I don't want to subject my friends and family to "that kind of scrutiny."
I don't want to find out who doesn't really support me.
If I ask, it may terminate our friendship.

UNREALISTIC EXPECTATIONS (PROBABLY THE SINGLE BIGGEST OBSTACLE IN GETTING SUPPORT)

I expect others to "see" my need and to offer support. I think that others will "know" when I need assistance.
I expect others to have some kind of "radar" that picks up my signals. I think I'm sending loud and clear signals.
I expect others to be "mind readers." I expect them to not only offer their help but automatically know how to help me best.
Isn't what I need glaringly self-evident?
I expect to get help and support without asking for it. (Note: The most difficult part of using the support network we have is ASKING. Most of us have a hard time expressing needs and wants clearly and specifically. We expect others feel lost. They may want to offer support but fear offending our pride or independence. Others may have no idea how to approach us or what to do to help us.)

RESENTMENT

Why do I have to "do it all" ... learn about my child, advocate for my child, keep records, schedule and assume responsibility for asking for help, and putting others at ease.
It is unfair that I have the responsibility to seek support, to explain, and to feel different.
I don't want the responsibility for making a supporter comfortable.

WANT PERFECTION FROM THOSE WHO SUPPORT US

It's easier to do it myself. Then I won't be disappointed if people don't do exactly what I want.
Others don't understand what I really need, so I usually do it for myself.

LACK OF ACKNOWLEDGMENT

I don't know how to recognize people who provide support. I feel embarrassed.
I don't want to embarrass my supporters or make them feel uncomfortable.
They already know how much they contribute to my life and how much I appreciate it. There is no need to get sloppy about it.

Acknowledgment is something more than just thanking someone who supports you. Acknowledgment is a public statement, an announcement, naming people who support you in your life and telling how that support contributes to the value and meaning of your life; as well as how that support contributes to the value and meaning of the people for whom they are intended. It is possible to acknowledge this support even if the individuals are not present.

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GUIDELINES FOR ENABLING AND EMPOWERING FAMILIES

- Be both positive and proactive in interactions with families.
- Offer help in response to family-identified needs.
- Permit the family to decide whether to accept or reject help.
- Offer help that is normative.
- Offer help that is congruent with the family's appraisal of their needs.
- Promote acceptance of help by keeping the response costs low.
- Permit help to be reciprocated.
- Promote the family's immediate success in mobilizing resources.
- Promote the use of informal support as the principal way of meeting needs.
- Promote a sense of cooperation and joint responsibility for meeting family needs.
- Promote the family members acquisition of effective behavior for meeting needs.
- Promote the family member's ability to see themselves as an active agent responsible for behavior change.

Source: Dunst, C. J., Trivette, C. M. and Deal, A. G. (1988) *Enabling and Empowering Families: Principles and Guidelines for Practice.* Cambridge, MA, Brookline.

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